STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

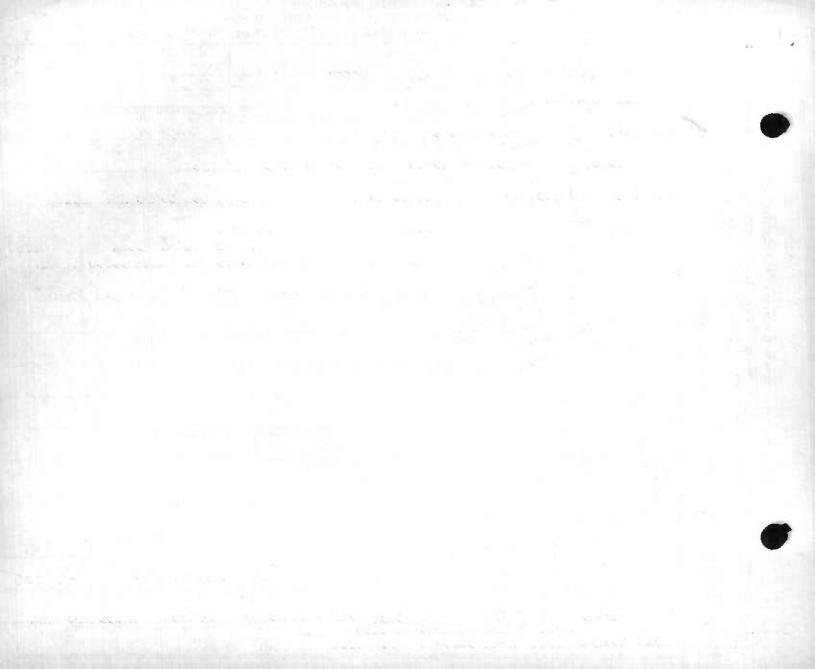
Female White Nov. 14,1904 **PAR* 76. BIRTHPLACE (STATE OF FOREIGN COUNTY) **PARTILIDEAL COUNTY** **PARTILIDEAL COUNTY**	17	1 6	5										
			FIRST	A	AIDDLE	L	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
	filer	OK PRINT)	MARI	Œ	THERESA	1	I BRECHT			8 - 27-	- 86	D:01A	M
	3 SE)	(4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24	MIN.
	1	Female 70. BIRTHPLACE (STATE OR FORE COUNTRY) Maryland 10. CITY OR TOWN OF DEATH TOWSON USUAL RESIDENCE (IF NURSING 130. STATE Maryland 4. FATHER'S NAME John Gut. (YES, NO OR UNKNOWN) (18)				Nov.	14,1904	YEAR		YRS	- 7	HOURS	MIN.
0	7o. BII	RTHPLACE (STATE OR F	FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED -	9. BALTIMORE CITY O	R COUNTY O	FDEATH		
		-							BALTIMORE	COUNTY			MD.
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5	130. S	TATE	131 COUN	OTHER INSTITUTION	13c CITY OR TOW	N		Y LIMITS?	13e STREET ADDRESS / 811 Cedan	ZIP CODE	Rd.	21212	2
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4	14 - VA				TAL SOCIAL SECT	IDITY NO							
1		ES, NO OR UNKNOWN)									e		
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	TIF		SM:	1	350				YES NO			NO 🗆	
		OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 216. INJURY OCCUR	CAUSE OF DEA	HOUR A./	M. MONTH DA M. DE INJURY	19	211 LOCATIO	63.70			COUNTY	STA	VTE .
		saw the decease	ed alive an	8/7/	19_	3b, or	DEGREE	, 19 our) apinian d	leath accurred on the do		00		*
1		22d PHYSICIAN'S N	AME (TYPE O				22e ADDRESS	M M	CHARLES ST		1 1/2	+/8	<u> </u>
AV.	230 B	URIAL, CREMATION, SPECIF BUTIAL		23h DATE	9,1986 Du		EMETERY OR C		23d LOCATION CITY OR TOWN	Balto	COUNTY	STA	ITE .
		INERAL DIRECTOR	1//-		m 6	500 V	ork Rd.	250. DATE	15 2 9 1986		R'S SIGNAT	URE	
	Mi	tchëll-Wie	defel	d Home.	Inc. Ba	lto	Md.2121	2 A	00 49 1900	U			

Mitchell-Wiedefeld Home, Inc. 6500 York Rd.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR L DECEASED NAME 2b. HOUR DATE KNOWN MONTH [TYPE OR PRINT] OF ESTI-S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W, PRESTON STREET, Edward 1986 Allen 24 HOUR 4. RACE HTHOM 3. SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER) IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED Male DEAD Caucasian 62 YRS THPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TONEVER MARRIED Virginia United States WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Randallstown County General Hospital Disabled 21201 13a STATE 13c CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Randallstown 4924 Old Court Rd. YES L NO m 21133 IA FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edward MIDDLE MIDDLE LAST Allen Sr. BALTIMORE. Unknown CATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM OR: PAGE 3 SHOULD BE USED AS A BURIAL - REMSIT PERMIT PAGES NA HEST AT CEPARTHAND MENTAL HYGIENE, DIVISION OF NUMB, 21201 PRIOR TO BHEMATION, OR REMOVAL. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTMrs. Jacqueline Allen 16h SOCIAL SECURITY NO 21133 I (IF YES, GIVE WAR OR DATES WW Z Old Court Rd. Randallstown. 231-18-8812 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR ING I CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: AAGEST AFTER DEATH, WITH THE STATE DE BAUTMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. I STREET CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted Iron Natural causes Hamicide Undetermined manner JUILE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 13d. LOCATION COUNTY Garrison Forest Cemetery BP Garrison Baltimore 14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Ind 50. DATE REC'D. BY REGISTRAR 8728 Liberty Road Randallstown, MD. 21133 AUG 5 1986 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 2/80

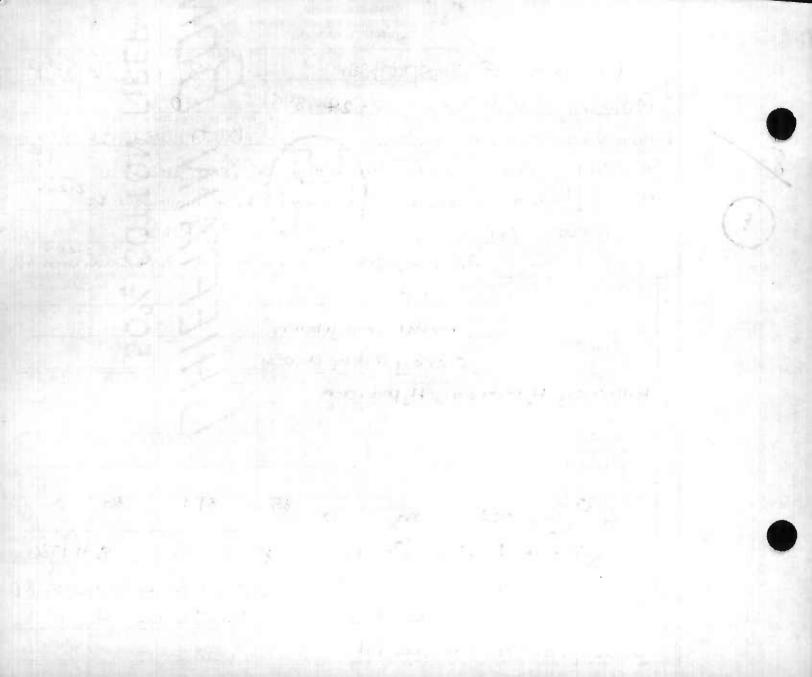


	STATE OF MARYLAND										
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		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DA	AT YEAR	2b. HOUR		
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3/	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	17a USUAL OCCUPA			F BUSINESS OR		
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deoli is mo			ital) attended the deceased from		18t 3 , 19 80	. 10			that (1) (we) last		
22 21		saw the deceased alive at above, (I) (we) (did)(did no	ot) view the body ofter death.	86 0	nd that in (my) (aur) apinion (death occurred an the	date and haur	and from the	couses stated		
Dept Dept f Hen		776. SIGNATURE	white	2 /	DEGREE ATTENDING	450641 6	TAFF (22c. DATE	SIGNED		
det ofe IT. I		cerca yo	weer, me	1	PHYSICIAN		SICIAN	8-3	-860		
of the State		27d PHYSICIAN'S NAME TYPE	OR PRINT)		27e ADDRESS						
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TENDING PHYS	MEDICAL	21d. INJURY OCCURRED WHIE NOTWHIE AI WORK 220.1 Certify that 1 this haspital saw, the deceased also and above. I well discussed also and above. I well discussed also and above.	- 1 9 mm A	and that in (aur) apinion de	city or town	COUNTY STATE , 19 00 , that (1) we) last and hour and from the causes stated
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BP		BURIAL PERAL DIRECTOR	The state of the s		REC'D. BY REGISTRAR 25b R	
(VRA 15, 4)	1	your by the same	1361 Harriage	I AUG	D 1980	The formal days

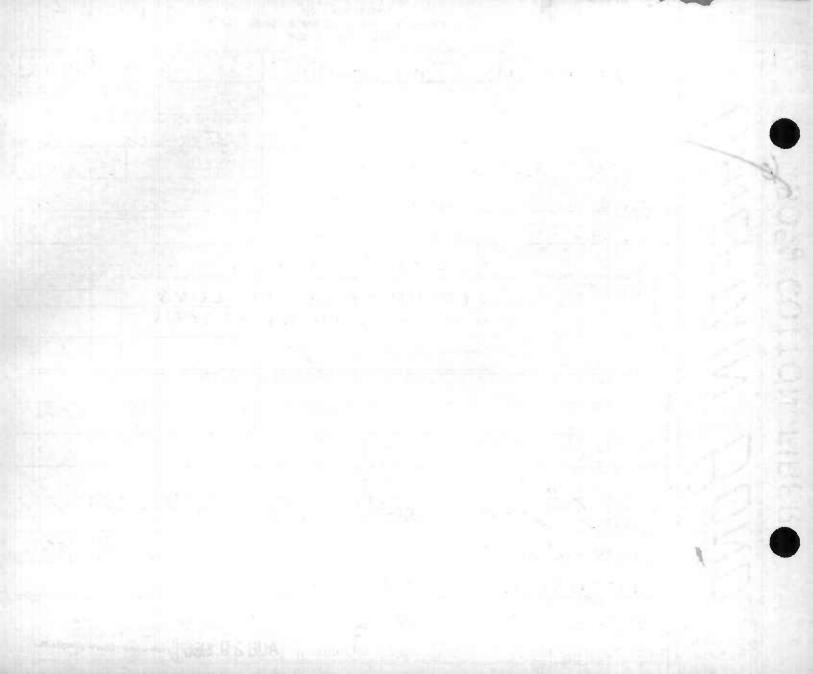
STATE OF MARYLAND



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be execu			RMED FORCES? VE WAR OR DATES) Cean	230-24-6					
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hills ratificate by executed within 24 hills ratificate has been signed by the attending physician and campletely filled in as the burial-transit permit. Then please remove carbon papers. Pagers and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	ITION GIVEN IN PART 1	0					
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BP		Burial		1,1986	Fai	rview	Jacksonvil	le, Balto.	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Chell-Wiedefe]	d Home.	Inc. Ba		Torre Har G	P 3 1986	Sb. REGISTRAR'S SIGNA	TURE

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urs ofte	3. SE	m	1. RACE		S. DATE OF	BIRTH DAY 18 - 13	7.	(IN YEARS LAST BIRT	YRS.	NIHS DAYS H	OURS MIN.
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be execu		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) [IF YES, GIVI NO	WAR OR DATES!	OCIAL SECUI		INFORMANT Narjorie Ar	nderson			ırne Ave	
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TAL OR ATTENE y the hospital of AAL DIRECTOR- detached for us fore Dept. of Hee		27a.1 certify that (f) (this haspit saw the deceased alive on above, (1) (ye) (did) (did not 27b. SIGNATURE	8 4	19		that in (my) (ap opin GREE ATTENDING PHYSICIAN	G MEDI		F /	27c. DATE SIC	
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BP		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 8/30/86				PArk A	ocation gity or town butus,		Md.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director arch Funeral Hon	nes 1101	ast No	orth Av			9 1996	25b. REGISTRA	AR'S SIGNATUR	ngial04



-16023	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEN 8 6 2 REG. NO.	1/23			
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it; BALTIMORE rificate be exect physician and on papers. Pages emoval. event, the medica		NO 18 CAUSE OF DEATH (Enter anly)	p17-54-	9796 S.Marie Go		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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DING PHYS or attending After this cees the bur alth and Me	MEDICAL	4734000	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE			
HOSPITAL OR ATTENDING OF BY THE NORTH OF AUTONORY OF THE OFFICE O		22a.1 certify that (1) (this haspital saw the deceased place and abave. (1) (we) (did (did nat)). 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR	X (Only	DEGREE ATTENDING	death accurred on the date and death accurred by the death ac	hour and from the causes stated 22c. DATE SIGNED AUG 30 86 PARKWAY			
Ç € Ç € ₹ Š	23a. E	URIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY VIlla Maria	23d LOCATION CITY OR TOWN Glen Arm Balt	county state timore Maryland			
DHMH - 16 50M 1/76 (VR A 15 (4))		DERAL DIRECTOR NAME tchell-Wiedefeld	ADDRESS	25a. DA	SEP 3 1986				

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-17188	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	NTAL HYGIE		2 . NO.	17	2 4
dege pe		AA .	dred	MIDDLE	Arno	1	94,3	0. DATE OF DEATH	80 MONIH	31 86	810 PM M
134	3 SE		4 RACE	lack	S. DATE OF	BIRTH	5 93	AGE INVERSEAS	SIRTHDAY)	MONTHS DAYS	
17 Pop 17 Pop 19	al	IRTHPLACE (STATE OR FORE) COUNTRY)		WHAT COUNTRY	/2 8	☐ NEVER MAR		BALTIMORE CIT		Y OF DEATH	***
1 110		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME OR	OTHER INSTITU	TION	120 USUAL OCCUP	ATION STOF WORKING		OF BUSINESS OR
A Part of the same	USU 13a.	AL RESIDENCE (IF NURSING ISTATE	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFO 13c. CITY OR TO	WN I	3d. INSIDE CITY YES ID NO	LIMITS?	3 STREET ADDRE	S / ZIP COL	and the same of	21.30
100	14. F.	ATHER'S NAME FIRST UNKNOW,	MIDDLE	LAST		5 MOTHER'S MA		E MIDDI	-	Opreso,	ust .
Post of the post o		WAS DECEASED EVER IN L	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	218-16	URITY NO.	DOUTH	L. 3	Sohnson	DRESS	30 60	man e
ow requires that the death been signed by the ottend: rmit. Then please remove corprior to barrol, cremation, or only injury, or other traumot	CERTIFICATION	Conditions, if ony, wigove rise to immedicause to), stating underlying cause I	DUE TO, O CANT CONDITIONS C THE COMMENT CONTROL CONT	R AS A CONSEO R AS A CONSEO ONTRIBUTING TO TO TO T	UENCE OF	OT RELATED TO	THE TERMIN		20b. IF YI	IVEN IN PART 1 ES, WERE FINDI	INGS USED
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PITAL OR ATTENDING By the hospital or offer ERAL DIRECTOR, After the detached for use as the State Dept. of Health on ANT: If them 21 is morked	W	WHILE ALWORK 270-1 certify that 0 (this sow the deceased a obove. (h (we) (did) 270- SCHALDRE	s haspital) attended th	ne deceosed from	\$6 , onc	that (n (m)) (ou	ENDING SICIAN	nto 8 7	e date and ha	out and from the	, that ((we) los e couses stated E SIGNED
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Brown	ADDRESS /2-06			25m DATE	S 1900	AR 25b, REGIS	STRAR'S SIGNA	TURE

0981677	FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	725				
ay be age 3 death	I. DECEASED NAME FIRST (TYPE OR PRINT) John	Bowan	AUER	August 18, 1986					
ge 4 may setor. pa	3. SEX Male	4. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) MYRS.	FUNDER TYEAR FUNDER 24 HRS				
Page anh. Page anh. Page anh. Page anh. Page anh.	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTY	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County Baltimore County					
ther do	Rossville	11. NAME OF HOSPITAL, NU	rsing home or other institution are Hospital	HYPEOF WORK OR MOST OF WORKING THE LINDUSTRY WEST OF					
E (G)	USUAL RESIDENCE IF NURSING HOME 130. STATE 136 CC Maryland B	or other institution give residence unity or altimore		13. STREET ADDRESS / ZIP. CODE 4215 Darleigh	Rd. 21236				
MARY L	14. FATHER'S NAME ERST Edward	MIDDLE LAST B AU	er Minna	MIDDLE	chelhouse				
IMORE, on and ca	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,		SECURITY NO. 17 INFORMANT 3-5815 Mildred Au	er 4215 Darleigh R	d. Balto.Md.				
(DS, 201 W. PRESTON ST., BAI equires that the death certificate signed by the attending physici Then please remove carban pape to burial, cremation, ar remaval. niury, ar ather traumatic event, th	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	N IN PART Ito:							
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ON OF VI	71d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UR ETHER, NOTIFY MEDICAL EXAM.	DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT I OR PART 2) COUNTY STATE				
PITAL OR ATTENDIO by the hospital or by the hospital or BRAL DIRECTOR, A re detached for use State Dept of Heal	22a. I certify that (1) (this has sow the deceased alive bove. X) (we) (did) XIX	on August 18, Xot) view the body after death.	om August 16 19 19 86 19 86 , and that in (Xy) (aur) apinio DEGREE ATTENDING PHYSICIAN 172 ADDRESS	n death occurred on the date and hour	986 , that XIX (we) last				
	V	Omar Kayalah, M.D. Franklin Square Drive 212 236 BURIAL CREMATION, REMOVAL 236 DATE Burial 8-22-86 Parkwood Cemetery Parkwood Cemetery Parkwood Cemetery Baltimore; Mary							
BP DHMH - 16 60M 7/84 (VRA 1S, 4)	24 FUNERAL DIRECTOR	D	3401 Below Rd 750. D Ballo Md. 21234 16	ATE REC'D. BY REGISTRAN 256 REGISTR	RAR'S SIGNATURE				

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DHMH - 16 60M 7/84

(VRA 15, 4)

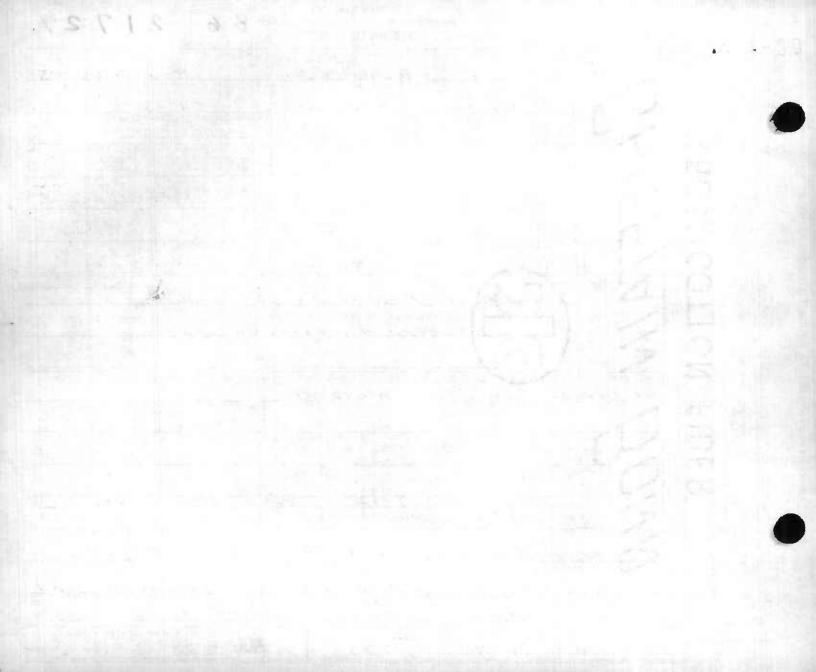
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

5 1986

21727

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>	RA	NDALLSTOWN					N. HOSP		EXEC.	DIR.	MENTA	AL HEALT	H
-	13a S	TATE	13b. COUNTY		13c CITY OR TO	NWC		LIMITS?	14 POM	RESS / ZIP COD	GROU APT. 2	JP HOMES #21208	
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		cause (a), stating	the 31	DUE TO, OR	AS A CONSEC	DUENCE OF							
		underlying cause	last	(c)									
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	E						Tax manner			_		NO 🗍	_
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	CAI	(IF EITHER NOTIFY MEDICA	AL EXAMINER)			19							
	MED					E FARM ETC)	211 LOCATION		CII	Y OR TOWN	COUNTY	STATE	
		22a I certify that (I) (this hospital) a	ttended the			12	19 86	, ta	2			+
		sow the deceased	d alive an	w the bady	ofter death.	<u>\$6</u> , on	d that in (my) (o	ur) opinian dei	ath accurred on	the date and ha	ur and fram the	couses stoted	
		226. SIGNATURE	0								22c. DATE	SIGNED	_
		cella	4. C	lu	uce	e m					8/2/	/86	
		224 PHYSICIAN'S NA	ME TYPE OF PRIN	T)			22e ADDRESS	1					
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							215	1	au6 5	1986		ar-yunan	L



23b. DATE

8/30/86

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

FOR - STATE

Wm.C.March F/H Inc. 1101 East North Avenue

23c. NAME OF CEMETERY OR CREMATORY

Garrison Forest

VA.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

> 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE julia waydon fondale

Owings Mills

YES F

COUNTY

22c. DATE SIGNED

8-26-86

Maryland

2h HOUR

126 KIND OF BUSINESS OR

UPSHIRE

BETWEEN ONSET AND DEATH

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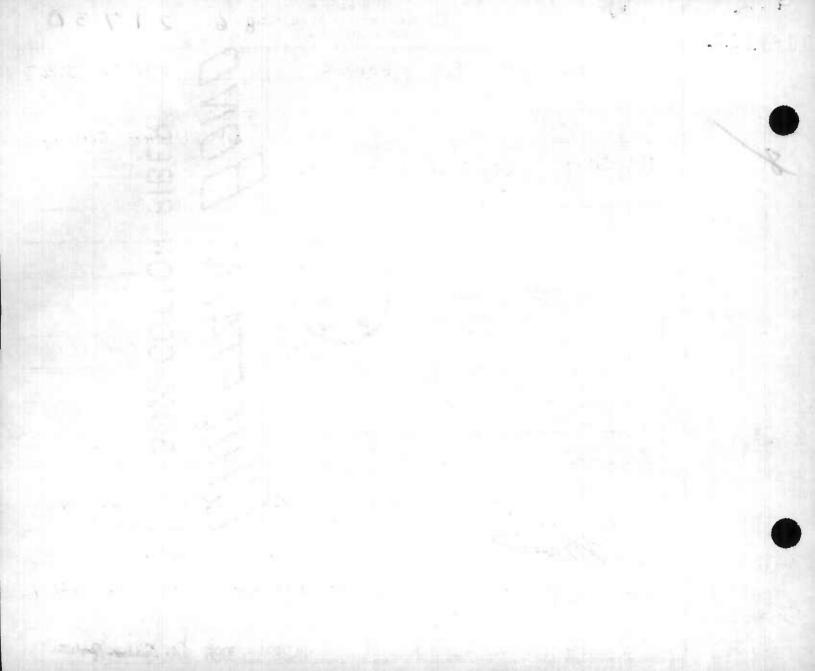
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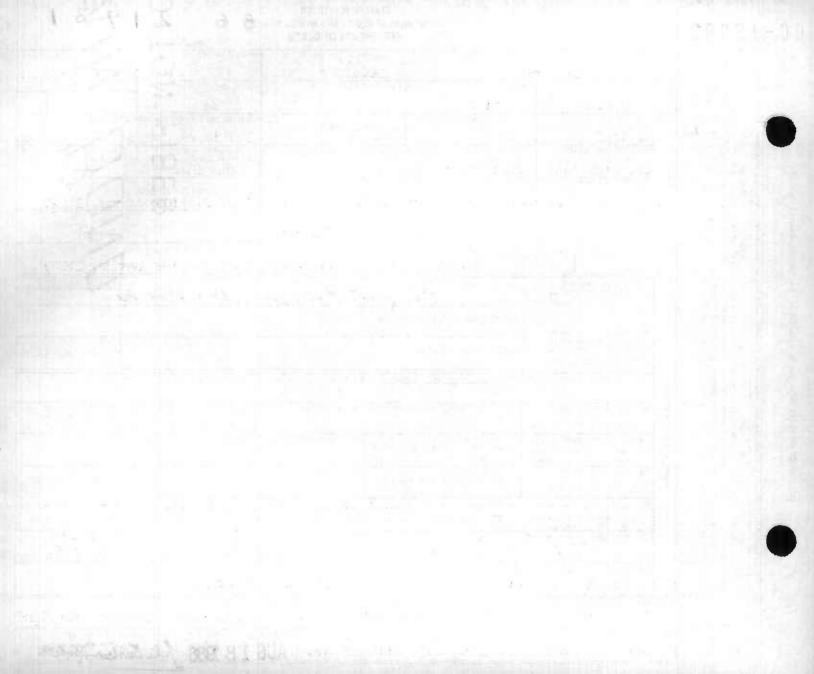
IF UNDER 1 YEAR



00-15936	1.	FOR STATE REGISTRAR	DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIEN 6 2 1 7 2 9 CERTIFICATE OF DEATH REG. NO.								
pege 3		CHONNEL CHO	ESTER E.	BAI S. DATE O		20. DATE OF DEATH MONTH	986. 11	1:58 M. NDER 24 HRS				
People 4	76. 8	ale RTHPLACE (STATE OF FOREIGN OUNTRY) d.	Caucasian 76. CITIZEN OF WHAT COUN USA	JTDV2 8	1-1916 NEVER MARRIED DIVORCED	69 yrs •YRS. 9. BALTIMORE CITY OF COUNT BALTIMO	Y OF DEATH), _{MD.}				
S222011 Sound offer of the fact of the fa	7	TATE 13h C	ME OF OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	HOSP.	17ê USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Self-Emp. 13e.STREET ADDRESS / ZIP COL	Roofer 21237					
E. MARYLANG	14 F/	Id. Bi THER'S NAME FIRST Chester Bake VAS DECEASED EVER IN U.S			YES NOTHER'S MAIDEN NA Sophie Ri 17. INFORMANT		t Apt. 2D	<u>)</u>				
LTIMOR on and on medic	- {	(IF YE	CONT MAR OR DATES	7-2669		er 8203 Mitni	ck Road	INTERVAL				
corps, 201 W. PRESTON ST., requires that the death certifien signed by the attending phin. Then please remove corbon prior to burial, cremation, or remove my injury, or other traumatic even	ATION	Canditians, if any, whice gave rise to immediate the stating the cause las	DUE TO, OR AS A CON-	SEQUENCE OF SEQUENCE OF SE MYO G TO DEATH BUT DMBOSA	NOT RELATED TO THE TERM	UPTURE INFARCTION MINAL DISEASE OR CONDITION G BICLEPOTIC CAP	IVEN IN PART Ita	D MD. JSINESS OR EINTERVAL ET AND DEATH OF AND DEATH O				
OF VITAL REC	AL CERTIFICAT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF THE STORY WOOD ALEXA	G 21b TIME OF INJURY HOUR A.M. MONTH			100000	The second secon	Control of the contro				
NOISION attending the thirt of the board we want the board	MEDICAL	214. INJURY OCCURRED WHILE D HOT WHAT D AT WORK D AT WORK	21s PLACE OF INJURY INTHOMY, STREET FACTORY, C	OFFICE FARM, ETC.)	711. LOCATION	CITY OR TOWN	COUNTY	STAPE				
D CTOR, At the upon of the upo	1	saw the deceased aliv	hospital) attended the decreased to on \$-18.	11919	-14 10_36 d that in (v/v) (our) opinion	to 8-15 death accurred on the date and ho	19 <u>SC</u> that A our and from the course	fl (we) last is stated				
THOSPITAL OR A survey by the feet oold be detected with the State Dept.		THE PHYSICIANS NAME:	21415	9,	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN W	THE DATE SIGN					
54.54.3		BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION						
BP		Cremation UNERAL DIRECTOR	8-21-86	Green		Barto., Mo		31711				
DHMH - 16 60M 7/84 (VRA 15, 4)		Schimunek F	Tuneral Home, Carlo Balto	., Md.	21213		au Davidon-A	ander.				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) BLANCHE BANKS AUGUST 17,1986 8:00 AM 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS FEMALE WHITE APRIL 7-Y1914EAR 72 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEWUNYORK USA BALTIMORE COUNTY B CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR HOMEMAKER PIKESVILLE NURSING HOME HOUSEWIFE PIKESVILLE SUAL RESIDENCE HE NURSING PORT CHESTER NY WEST CHESTER PORT CHESTER NEW YORK FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE NATHAN SARAH LEVY UNKNOWN ADDRESSPORT CHESTER, NY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR WIKNOWN) (IF YES GIVE WAR OR DATES) 080-05-0167 LEONARD BANKS 325 KING ST. APT. 4K (10573) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21s PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220 I certify that maspital) attended the decapsed from ond that in my (aur) apinion death accurred an the date and have and from the couses stated 776 SIGNA" 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/18/86 22d. PHYSICIAN 228 ADDRESS PUIN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE BURTAL / REMOVAL 8/19/86 RIVERSVILLE CEM. GLENVILLE, CONN. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO ADDREMDY (21215 (VRA 15, 4)

American Mary (College School also or U. or in making the state of 10 18 EL /2 45 0 23 SE OUT - Com training on the grastles you a colon of 2 945

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

86

21733

REGISTRAR							REG. NO.		
DECEASED NAME	Dani		Thomas		ARBER		DEATH MONTH	DAY YEAR	2b. HOUR
	Danii		THOMAS				0,1986		4:25am
Male		4. RACE Blac	k	S. DATE O	te 30°, 1986 EAR		RS LAST BIRTHDAY)		
To. BIRTHPLACE (STA	PE OR FOREIGN	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		more Cou		M
Baltimor			HOSPITAL, NURSIN		or other institution	120. USUAL OF	CCUPATION OR MOST OF WORKING O	GLIFE) INDUSTR	
Mary land	13b COUN		Baltimo		13d. INSIDE CITY LIMITS?	130 STREET AT	Denvi	Balto. ew Way	,Md.2120
FATHER'S NAME Curti	S	Thomas	Barber		Alanda		MIDDLE	Johnson	AST
Nos NO OR UNKNOW	(FNOGN	MED FORCES? (E WAR OR DATES)	None None	IRITY NO.	Mother-Alan	ıda Barbe			. 21206 w Way
	EATH (Enter or		line for (a), (b), one	aturi				BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	stoting the ouse lost.	((c)_	R AS A CONSEQUE		NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN PART	110
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OR CONTRIBUTING	CAUSE OF DEA	ALIP .		AY YEAR	21c. HOW INJURY OCCU		NO[X]	18 PART I OR PART 2	
AT WORK	OT WHILE	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	AUTO	CITY OR TOWN	COUNTY	STATE
220.1 certify the saw the de above, (ATA	ot (I) (this hospi ceosed olive an ve) (did) (did no	June view the body	deceosed from	June 86	30	on death occurred		19 <u>86</u> hour and from th	ne couses stated
226 SIGNATUR	ik F.	10	_ 100		DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN	22c. DA	3a/86
22d. PHYSICIAN Mark	Mark Peterson, M.D. 9000 Franklin Square Drive Baltimore, Maryla						yland	21237	
230 BURIAL, CREMAT	ON, REMOVAL	July	1986		emetery or cremator			in Soua	re Drive

DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRESS

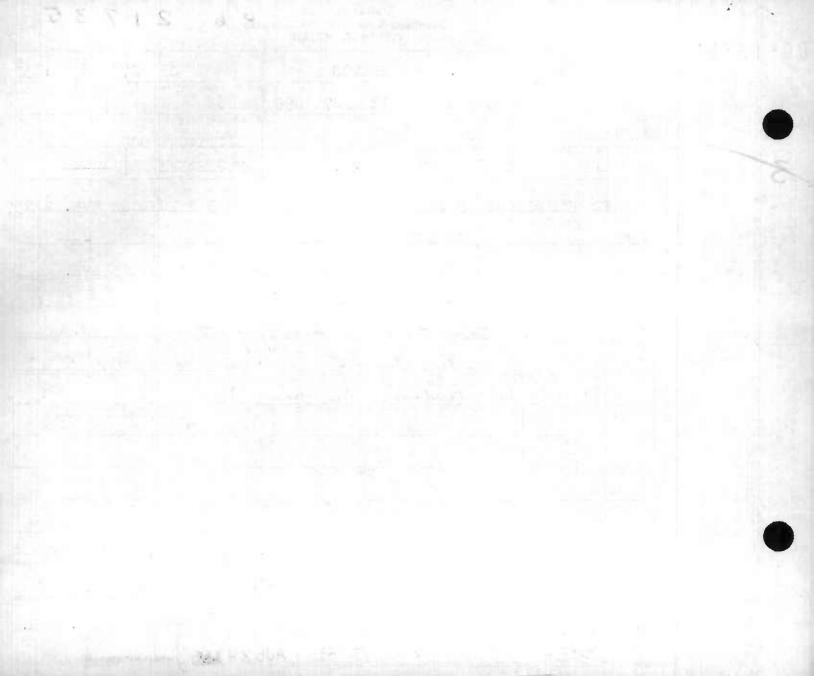
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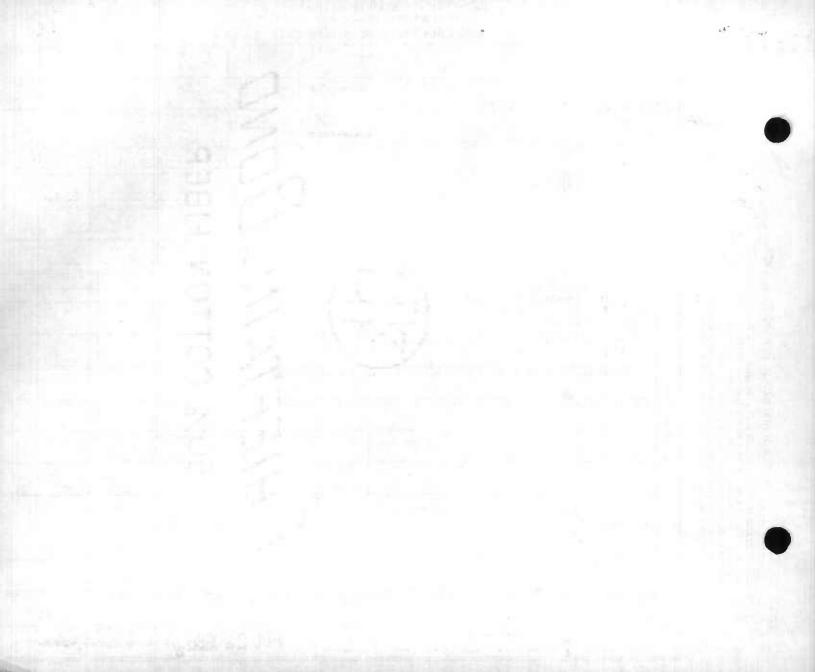
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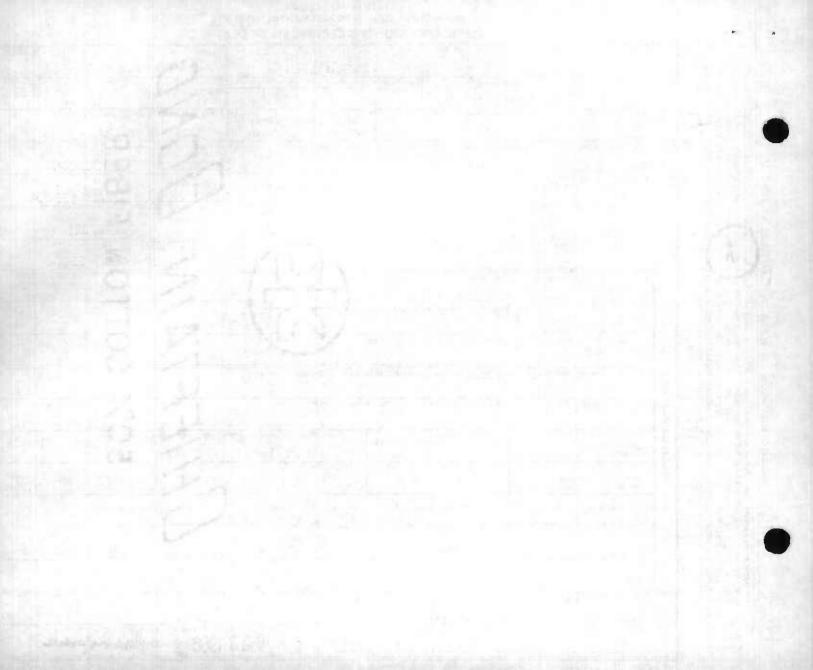


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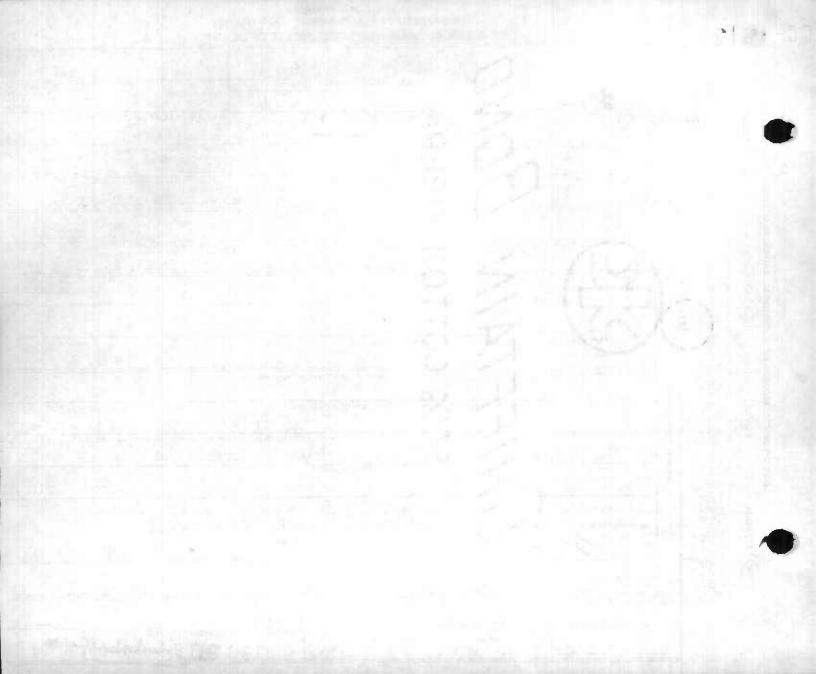
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENES - STATE REGISTRAR REG NO L DECEASED NAME 28. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-DEATH MATED Melissa 8 1986 Benjamin 4 RACE DATE OF BIRTH A AGE UN YEARS IF UNDER 24 HRS 2d HOUR 2c DATE 9:207 LAST BIRTHDAY PRONOUNCED DEAD 18 FEMALE WHITE NOV.24,1976 186 76 CITIZEN OF WHAT COUNTRY? INTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) USA Baltimore County DIVORCED FLORIDA CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Essex Miami Beach STUDENT SCHOOL, JSUAL RESIDENCE (IF IN NURSING H If CHILDTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 926 NAUTILUS ISLE #33004 FLORIDA DANIA YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST AMSELLEM ARTHUR BENJAMIN YVETTE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. 17. INFORMANT WARREN BENJAMIN LYES NO OR LINKNOWN) I (IF YES, GIVE WAR OR DATES) 926 NAUTILUS ISLE DANIA, FL 33004 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART LDEATH WAS CAUSED BY: Cranio cerebral trama DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART) (during landing 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AND MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6:54.M. 8 Passenger in aircraft that crashed 1986 21e PLACE OF INJURY (AT HOME 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Chesapeake Bay at Miami Beach, Essex, Balto, MD. bay Autopsy X 22e I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident _X Natural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 8/18/86 Assistant DATE SIGNATURE MEDICALEXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 230 NAME OF CEMETERY OR CREMATORY COUNT STATE AUG. 21, 1986 BETH DOUID MEM. PARK REMOVAL/BURIAL HOUN WOOD 256 REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 6010 REISTERSTOWN RD. BALTO., MD 21215 (VR A15 ME (5))



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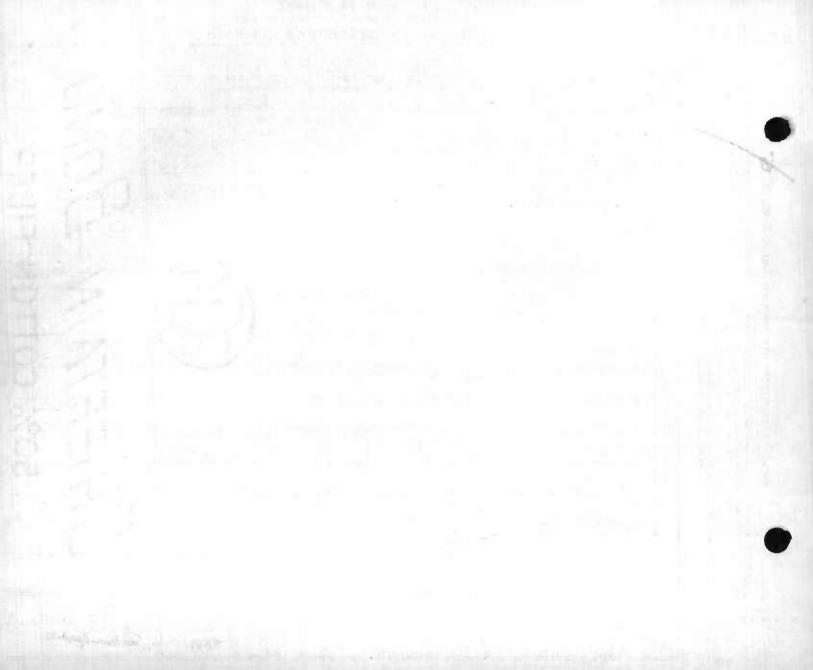
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STATE OF MARYLAND

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	MEDIC CUTE T SE 4 SI FUNER FUNER		EXAMINER'S	NAME NT)	Gregoi	ry R. K	auffr	nan. M.	D.	ADDRESS	111	Penn	St.			
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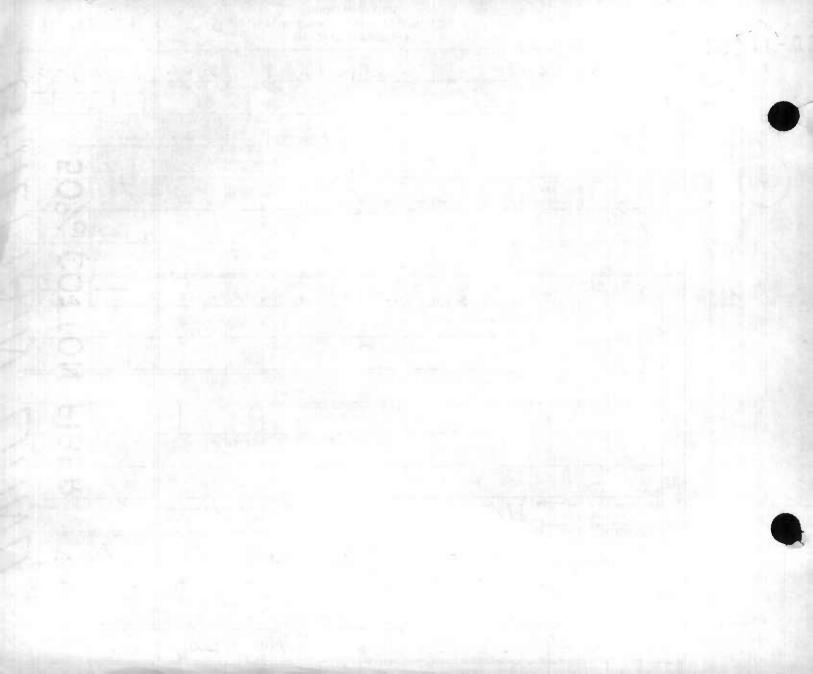
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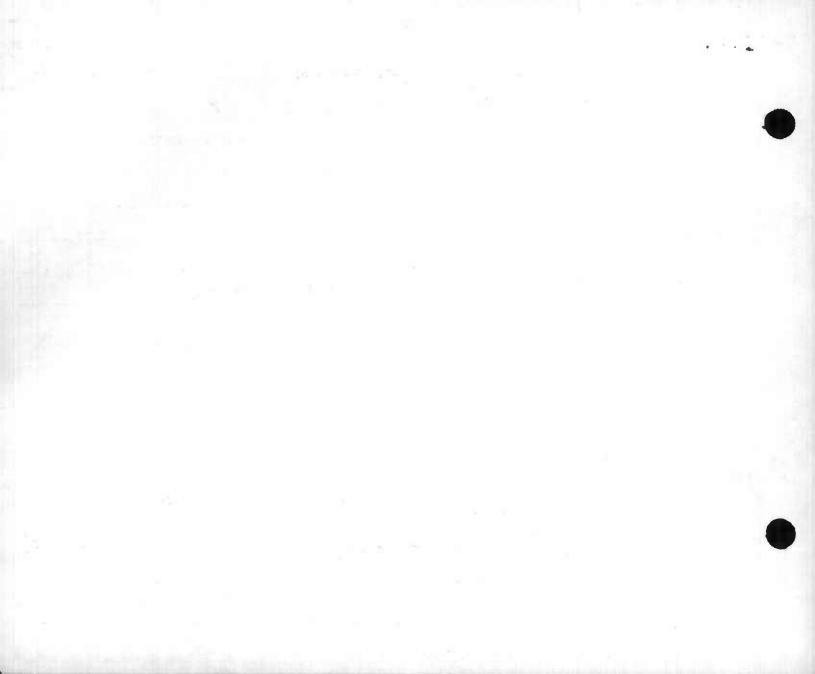
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STATE OF MARYLAND

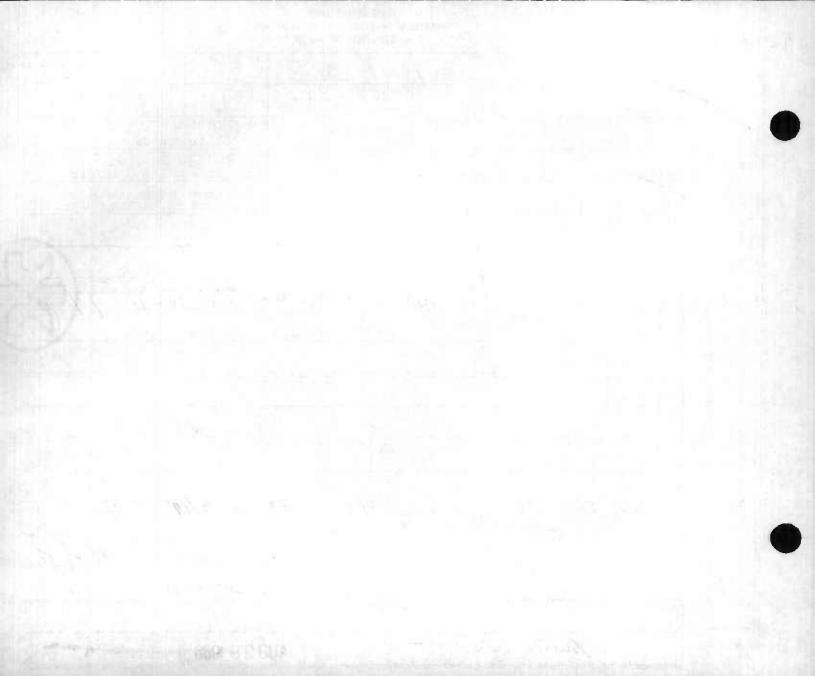


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6 E E	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME OR OT	HER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND OI	F BUSINESS OR
Soft soft		Towson	ST	Josep H	·HOSPI	Tal Inic	Beth. Ste		Reti	red
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed in the low requires that the certificate has been signed by the attending physician and certificate has been signed by the ottending physician and certificate has build-transit permit. Then please remove carbonopopers. Pages the build-transit permit. Then please remove carbonopopers. Pages and the nord Mental Hygiene prior to burial, cremation, or removal.		AL RESIDENCE (IF NURSING I	HOME OR OTHER INSTITUTION			INSIDE CITY LIMITS?	13e STREET ADDRES		11001	
ON COMPANY	100.	Md.	9001111	Balto.		S NO	3820 Sout		2120	06
	14. E/	ATHER'S NAME		LAST	15.7	MOTHER'S MAIDEN N	AME			
WAN		Frank	WIDDLE	Berterma	n	Georgia	WIDDLE		For	rest
RE,		WAS DECEASED EVER IN L		16b. SOCIAL SEC		NFORMANT	ADD	RESS	101	LCOL
MOI Dogo	1	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	213-07-4	160 M	arcaret E	Berterman	3820 Sou	thern	Δνιο
ALTI le bi le bi li.		18. CAUSE OF DEATH (E	ater only one cours of					3020 800		MATE INTERVAL
ST., BALI rtsficate 3 physicia on papers emaval. event, thé		PART I. DEATH WAS	CAUSED BY:	er line for (o), (b), or	C	ardiac	ano	of .	BEIWEENC	INSET AND DEATH
Lenting in bonn cev		IMA	AEDIATE CAUSE (0)_							
deoth deoth of tion, or tion, or oumot				DR AS A CONSEQU	ENCE OF					
RESTON death ce cottending nove carb office, or re		Conditions, if any, who gove rise to immedi								
W. P		couse (a), stating		DR AS A CONSEQU	ENCE OF					
thot thot d by leose rol, cr		onderlying coose in	(c)_							
RDS, 21	7	PART 2. OTHER SIGNIFIC	CANT CONDITIONS (CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	
ORD requestion of the service of the	2									
e bee	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION W.	AS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
AL R	E						YES NO	YES [NO 🗍
JE VITAI	Ü	21a. ACCIDENT WAS UNDERLY	110110	OF INJURY A.M. MONTH D	AV VEAD 216	HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
SICIAN: ag physicartification of the serial hysitem 18 step 18	AL	OR CONTRIBUTING CAUS	E OF DEATH	P.M.	19					
HYS HYS	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		LOCATION			COUNTY	STATE
VISI	E	WHILE NOT WHILE	[AT HOME S	TREET FACTORY, OFFICE,	FARM ETC	STREET	CITY OR	IOWN	COUNIT	STATE
DIVISIONS PROPERTY OF THE PROP		220 I certify that (I) (this	hospital) attended t	he decensed from	NI	A 10	to. N	/A- 19		that (I) (we) last
O O S S S S S S S S S S S S S S S S S S		sow the deceased o	A /	A 19	and the	t in (my) (our) opinio	death occurred on the			
R ATTEN hospital RECTOR hed for u		obove, (I) (we) (did):	(did not) view the bod	y of hideath.	DEGI					
0 9 0 0 4		THE SIGNATURE L	del (9	Hours	KALAA A	ATTENDING	MEDICAL ST	AFF	22c. DATE :	3-8
ITAL Sy the		Total Office Charles along	m 2.0	10000	1000	PHYSICIAN	DIRECTOR PHY		0	2.06
HOSPITAL Ioned by the Could be determined to the		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	FNNA	(1) 4 12°	ADDRESS	S TL			
TO HOSP retained I TO FUNE should be with the S		LINCT >	· CL-H	Elo Ioli	-		201	1 '		
5 5 F 28 3 2		BURIAL, CREMATION, REM	NOVAL 236. DATE	23€.	NAME OF CEME	TERY OR CREMATORY	23d LOCATION		OUNIY	STATE
BP		Burial	8-7-8	6 Ho	ly Rede	emer Cem.	Balto.			Md.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		ADDRESS		25a. DA	ATE REC'D. BY REGISTR	AR 256 REGISTRA	R'S SIGNATI	Bidalile .
(VRA 15, 4)		John C. Mill	er Inc. 64		Rd. 21:	206 A	JG 5 1986	Julia Dec	Langer A	



	C	ert. amend	ed by	M.E. 1				574	<i>y y</i>	2 1	> 1	4
-15495	1 -	STATE REGISTRAR			DE		HEALTH AND MENTAL FICATE OF DEATH	L HYGIENS	REG. NO.	4 1	1 9	0
	I. DE	CEASED NAME	FIRST		MIDDLE	100	LAST	20. DA		ONTH DAY	YEAR 2	b. HOUR
e # #		OR PRINT)	1		-	0	ot			y 11	11	44.0
ay be	2 65	7	home	L RACE	3.	<u>_</u>	OF BIRTH	4 ACS	(IN YEARS LAST BIRTHO	- 11-	DER I YEAR	F UNDER 24 HR
ffer F	3. SE		1	RACE	L	3. DATE		4	(IN YEARS LAST BIRTHU	MONIF		HOURS MI
ge ecte		Male		Whi	Te	18	20 15		10	YRS		
2 22		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COU	NTRY?	D NEVER MARRIED	9. BAL	TIMORE CITY OR	COUNTY OF E	DEATH	
		MD	7	u	SA	WIDOW	/		must to	1		
-	10. C	TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION		SUAL OCCUPATIO		KIND OF	BUSINESS C
び 地 は X	-	Towson	_/	(IF NOTIN SEC	JOSE !	E STRIET ADDRESS)			eel Work		Beth.	Steel
9 9	USU.	AL RESIDENCE (IF NURS	ING HOME OR C	DIHER INSTITUTION		E BEFORE ADMISSION	0.				Decii.	preel
4 PP		TATE	MP COUNT		13c CITY O		134 INSIDE CITY LIMIT		REET ADDRESS / Z			0.000
5 E 30 - 5		cyland	Balt	imore	Dund	alk	YES NO [80 Harold	Road		21222
音 はられるか	14 FA	THER'S NAME	M	AIDDLE	LA	.51	15 MOTHER'S MAIDE	NNAME	MIDDLE		LAST	
2 2	Mat	thew			Bet	Z	Helen			В	iggen	man
d co		VAS DECEASED EVER			16b. SOCIA	L SECURITY NO.	17. INFORMANT		ADDRESS			
Pog P	Yes		WW I	WAR OR DATES)	215-	07-4500	Paula J. E	Betz		Same	as	13e
the branch							1		1		APPROXIMA	SET AND DEAT
hysical pop ovo	123	PART I. DEATH W	AS CAUSED	BY:	line for (o),	(b), ona (c).	', ./	1	+		,	SET AND DEA
og p centrem	7	01/	IMMEDIATE	E CAUSE (o)	-	Laria.	opu/mome	ryNi	resi		1 Jul 121	OL
th conficer		8156	7	DUE TO, O	R AS A CON	SEQUENCE OF		1 1	1-1-11	11		1
deo ave ave		Conditions, if any,		(b)_		Mot	1 lehille	Neciolo	N with (21 TCLIVE	200	Lays
the reme		gave rise to imn cause (a), statin	g the	DUE TO. O	R AS A CON	ISEQUENCE OF	Arrest on	d was	resuscitat	el		
by by ath		underlying couse	lost.	((c)								
ned ned		PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTIN	IG TO DEATH BU	NOT RELATED TO THE	TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN	PART 110	
Ther to b	No.											
beer mit.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a	AUTOPSY?	Ob. IF YES, WE	RE FINDING	SUSED
no. no per	三	11.	0			11/1		VEC	I NOT	N CERTIFYING	CAUSES	F DEATH?
No. The species of spe	E	21a ACCIDENT WAS UND	ERLYING	21b. TIME C	E IN ILIRY	10/1	21c. HOW INJURY OF				DR 0 4 0 7 2)	140
phys of H. of H.		OR CONTRIBUTING		111-111-11		H DAY YEAR	Driver of					cion
SICI oent cent cent cent cent	MEDICAL	(IF EITHER NOTIFY MEDIC			M.	19		auto.	in lixed	object	COLL	31011
this this do	ED	21d INJURY OCCURE		21e. PLACE	OF INJURY	OFFICE, FARM, ETC }	211 LOCATION STREET		CITY OR TOWN		YINDO	STATE
offer the strike	2	MHILE NOT WH	ILE X	1,4110,110,110	stree		unknown,	Salis	bury, Wic	omico,	1d.	
Par all Par		220 I certify that (I)	(this hospite	ol) offended th	e deceased	from	M/V 22 19	86 , 10	Ava	11 19	16 th	ot (I) (we) le
TEN TOR TOR		sow the decease	d alive on_	ANG	11	19 86	nd that in (my) (our) op	oinion death o	ccurred on the date	and hour and	from the co	uses stated
A P C P C P C P C P C P C P C P C P C P		22b. SIGNATURE	lid) (did not)	view the body		approve		-			22c DATE &I	
DIRE Dept	1	THE STORY OF THE		0	CELL.	approve	ATTENDI		ICAL STAFF		IN DATE BY	10%
by the by the se detail state of detail state details.		Du	ne-	Am	aa)	10	PHYSICI	AN DIRE	CTOR PHYSICIA	NZ	8/11	180
HOSPITAL FUNERAL Vold be det h the Stote ORTANT:		224 PHYSICIAN'S NA	ME (TYPEOR	PRINT)	/		27e ADDRESS	. ,	0			,
0 - 0		Duan	05	most	· M.	D	7620	York	Road 7	o wson	MN, 2	2/204
Of of war war	23a. E	BURIAL CREMATION.	REMOVAL	123b. DATE	17.0	1230 NAME OF	EMETERY OR CREMAT	ORY 23d	LOCATION	2 2 2 1		
BP		SPECIFY)			1000				CITY OR TOWN	COL	YTA	STATE
DF	Bu	rial		8/14/		IST. Sta	nislaus		Baltimore By REGISTRAR 25	DECISTOAN	Mary	
DHMH - 16 60M 7/84	24 FU	NERAL DIRECTOR DI	ıda-Ru			DRESS						
(VRA 15, 4)	79	22 Wise Av	enue	Dunda	lk, Ma	ryland	21222	AUG 1	D HHO	the David		hall

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(VRA 15, 4)

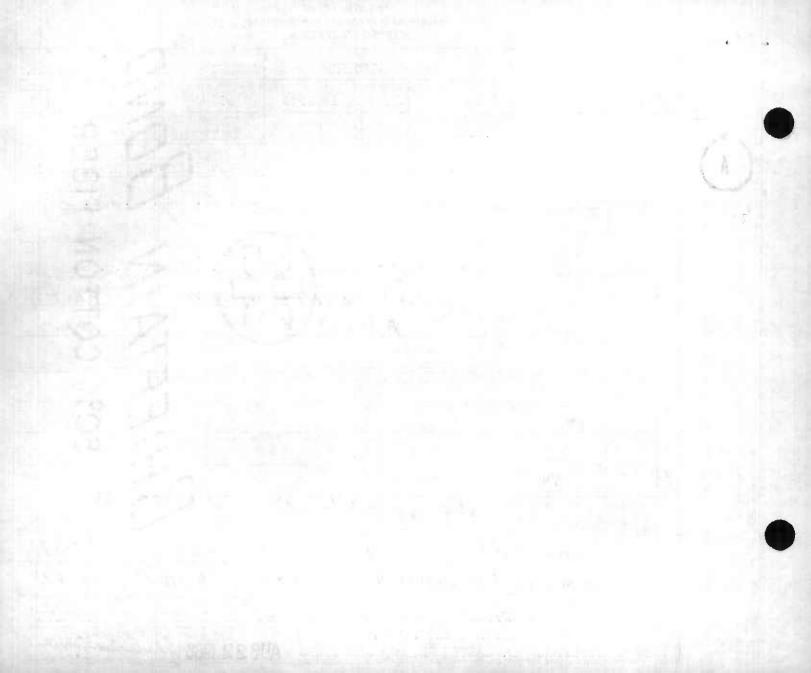
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5324	1 -	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1 4 5
m s		CEASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
death death		Arthur	Lee	E	ggs	August 22, 1986	M
rer o	3 SE	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
rso	/	Male	White	Ma	rch 9, 1927	59 YRS N	DATS HOURS MIN.
Poor Poor	70 B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
5 600	No	orth Carolina	USA	WIDOW		Baltimore Cou	nty MD.
()		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ET ADDRESS)		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Truck Driver	176 KIND OF BUSINESS OR
Ne of		Essex, 21221 AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	Dart.	ford Road	Truck Driver	Bakery
34	13a. S	STATE 136 CO	UNTY 13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	בר בר ביים
\$-1		Marvland .	Baltimore Essex	21221	YES NO X	1609 "C" Dar	tford Rd. 21221
[]	14 17	FIRST	MIDDLE LAST		FIRST	WIDDIE	LAST
3	16n \	Barry B	iggs ARMED FORCES? 166 SOCIAL SEC	LIBITY NO	Ste:	lla Harold ADDRESS	
1		YES, NO OR UNKNOWN) (IF YES C	SIVE WAR OR DATES)				
11		Yes 4	5-55 240 4	2 6697	Joann Biggs	s, Wife Same	
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse per line for (a), (b), o				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (0) Cardie	pulma	many arrest		5 minutes
9			DUE TO, OR AS A CONSEO	UENCE OF			
מחש		Conditions, if ony, which	(b)	i	- 4hg cancer		1 year
133		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQ	UENCE OF			
5		underlying couse lost	(c)				
	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART TO
oux ?	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
X	RTIF	Nove				YES NO YES	□ NO □
	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	EAIN .	19			
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	EARM FIC 1	211 LOCATION	CITY OR TOWN	COUNTY STATE
	5	AT WORK NOT WHILE	CALLONE STREET, TRETORY, OFFICE	rakm, Erc y			
		22a I certify that (1) (this has	pital) attended the deceased from	2/7	126 , 19 86	to 8/18 19	BG, tho (II)(we) lost
7		sow the deceased alive	notiview the body ofter death	35.0	nd that in my (our) opinion o	death accurred on the date and hour o	and from the causes stated
Te J		276. SIGNATURE	nortwiew the body offer death		DEGREE		22c. DATE SIGNED
18		fa	and Dry	00.	MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/22/86
7		22d PHYSICIAN'S NAME (TYPE			22e ADDRESS	DIRECTOR PHYSICIAN	10/22/00
MPORTANT		1 044	Austin Dayle	M-D.	1011 Course	rdia Drive , Tow	10 MD 217016
IMPORT,	23- 0	Laurence SURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	123d LOCATION	300 00 21204
		Turial	8/25/86 H	olly F	ill Memorial	Gardens "Baltimore	COUNTY MA STATE
-/		INFLAMINECTOR S	31-3100	-			
M Frida	ee ri	Mille (ALLE STEERS	cu	Za DAIR	E REC'D. BY REGISTRAR 256. REGISTRA	AK S SIGNATURE

Old Eastern Ave

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STATE OF MARYLAND



1161	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	SIEN 5 2 1	7 5 0		
0-8.1.76/		CEASED NAME FIRST VIOLA	MAE	W.		OGGS	20 DATE OF DEATH MONTH DATE	86 26. HOUR 6:10P M		
ge 4 ma rector. po	3. SE	FEMALE	4 RACE Whit	е	S. DATE O	DE BIRTH 1-14-1927	6 AGE (IN YEARS LAST BIRTHDAY) IF MO	UNDER TYEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.		
deoth. Po	(RTHPLACE (STATE OR FOREIGN COUNTRY)	USA		WIDOW		BALTIMORE COUNTY			
by the f		TOWS ON	GBMC-	6701"N"CHA	RLES	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housewife.	126. KIND OF BUSINESS OR INDUSTRY OWN home		
(() 35	USU/ 13a. S	AL RESIDENCE (IF NURSING MON STATE 136. CO MD Bal	timore	ON GIVE RESIDENCE BEFORE 13c. CITY OR TOW Middle F	N	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗍	13. STREET ADDRESS / ZIP CODE Kingston Road	21220		
oted with	1	ATHER'S NAME FIRST Edwin B		LAST		15. MOTHER'S MAIDEN NA/	ssie Twigg	wigg		
rate be executed by the person of the person		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES GIVE WAR OR DATES)	Boggs, Middle, Rive	er, MD -husbar					
. 4 4000		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse p USED BY: DIATE CAUSE (0)	CARDIA	CARR	EST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
that the death cert by the attending loss remove carbon b), cremation, or rer r other traumatic ex-		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last) (b),	OR AS A CONSEQUE		et • endometria:	L CANCER			
requires en signed or to burio	TION						IINAL DISEASE OR CONDITION GIVEN			
The low cion. e has be a sit permit giene prime	CERTIFICATION	19a DATE OF OPERATION	-6-0-5	IDITION FOR WHICH	OPERATIO		YES NO YES YES			
PHYSICIAN: T ending physici this certificate burial-transi ad Mental Hygi d or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)		
ING PHYSICIAN: The low requires the rottending physician. Wher this certificate has been signed I as the burial-transit permit. Then plea the and Mental Hygiene prior to burial orked or term 18 s.co. anny injury, or an	MED	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK		E OF INJURY STREET FACTORY, OFFICE F	-	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ATTENDI Sepital or SCTOR: A d for use t of Heal	h	220.1 certify that (1) (this his sow the deceased alive above, (1) (we) (did) (did	on8/3	1.4		nd that in Imy) (our) opinion (to 8/1/4 19 death occurred on the date and hour o	nd from the couses stated		
by the ho		22b. SIGNATURE	M.	Thee	re	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/14/SC		
O HOSPITA O FUREE POUR BE SE		22d. SICIAN'S NAME IT	Freen			8 BMC	Baltimore	md 21204		
BP	(Burial Burial				emetery or crematory '	Oldtown Alle			
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	James F. Scar	pelli, C	umberland,	Md 2		E REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR MIDDLE . DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR TYPE OR PRINT! ESTI-DEATH MATED Anna Borich 6/ 1986 4. RACE 5 DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 24 HOUR 3:00 LAST BIRTHDAY) PRONOUNCED DEAD 26 99 YRS 6/ 1986 Fem. Cau. ам HELPHACE ISTATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N COUNTRY) Baltimore County, WIDOWED . DIVORCED Poland CITY OR TOWN OF DEATH 120 USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! St. Joseph's Hospital Towson Homemaker AL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE LISE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 528 Pennsylvania Ave. -17801 Pennsylvania Sunbury YES X NO A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE unknown unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO IYES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Emily B. Boroughs 6314 Kenwood Ave. 21237 182-28-5755 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cervical Trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 71a EXTERNAL CAUSE WAS 716 TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOO HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 8/ 5/ 1986 2 P.M. subject fell from porch 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OF TOWN WHILE AT WORK 9413 Avondale Ave. house Parkville, Balto. Autopsy X 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion Accident X Homicide death resulted from: Natural cruses Undetermined manner TITLE (SPECIFY) ACTUAL AFTER DEATH, BALTIMORE AN SIGNED 8/7/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) 111 Penn St ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 8-9-86 Saint Casimir's Cemetery Burial Marian Heights, Pa. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH TIZ (VR. A15 ME (51) John C. Miller Inc-6415 Belair Road - 21206

1217.892.7 THE THE CONTRACTOR OF THE STATE AND WILLIAM TO THE PARTY

			1 i	tem 5, film#C	6618-	STAT	E OF MARYLAND			
	١١١٦	al	1.	STATE 8-22-86jlk REGISTRAR			EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	2 1 /	5 5
	171	70	I. DE	OB 00 (1.7)		WIS	ASBROCATO	26. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
4	y oe			Charle:	s L.	Br	acuto		8 2 86	1185 AM
	ector. po		3. SE	Ma/Male	White .	5. DATE C		6 AGE (IN YEARS LAST BIRT	3 YRS	
	nerol dir	ST.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUP	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O	more Co	
- W	by the fu	38	.10 €	TOWSON	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACULTY GIVE Sec 1 11 1		Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	DOF BUSINESS OR RY CONSTITUTE.
ON S	filled in	3		AL RESIDENCE IF NURSING HOME OR STATE HAD COUN	OTHER INSTITUTION GIVE RESIDENCE TY 130. CITY OF	BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	130.STREET ADDRESS		8/2/2
	See See	19/11	14. É	THER'S NAME	AJ BIDDIN	ST	15 MOTHER'S MAIDEN NAM	E		LAST
8	E C	18/6		Salvatore		cato	? Antoinette		Bio	onco
M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	o o o o o o o o o o o o o o o o o o o	2 dico		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) I IF YES, GIVI A STOROGEN	MED FORCES? 166 SOCIAL 2/3-	18-0671	Sister Rosai	lle Brucuto	0	to Sprinkl
BAL	physicic	emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (o), (O BY: E CAUSE (a)	Respondición 1	tone Arrest		and the same of th	POXIMATE INTERVAL EN ONSET AND DEATH
2	n ce	or re			DUE TO, OR AS A CON	SEQUENCE OF	, / 1	- /		20.
	offer	roum		Conditions, if ony, which gove rise to immediate	(b)	Sep	2515 / Ineun	mon 1a		SLEYS
*	by the	ol, cremo		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	SEOUENCE OF				
KUS, ZO	n signed	r to burio injury, o	NO	PART 2. OTHER SIGNIFICANT C	1 1.	G TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	OITION GIVEN IN PART	110
2	bee spee	Prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
AL X	ion.	giene	TE	NA	N	176		YES NO	YES 🗌	NO 🗌
VISION OF VITAL RECORDS	g physic	entol Hygi		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART	2)
NOISINI PARA	his c	a d Me	MEDICAL	21d. HNJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	DFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOV	vn COUNTY	STATE
	TOR A	of Healt 2) is ma		220.1 certify that (1) (this haspit sow the deceased alive on, above, (1) (we) (did) (did not	8/2	/./	nd that in (my) (our) opinion de	eoth occurred on the do	te and hour and from t	_, that (I) (we) lost the couses stated
	The hos	re Dept.		22b. SIGNATURE	In the	0,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FI	ATE SIGNED
100	O FUNERA	PORTAN		Duane S	moot M.D.		7620 York	Rd. To	uson Mar	x/4 / 2120f
5	A HA	3 37	23a	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	BP			Burial	8-6-86	New Ca	thedral	Baltimore	e City	Maryland
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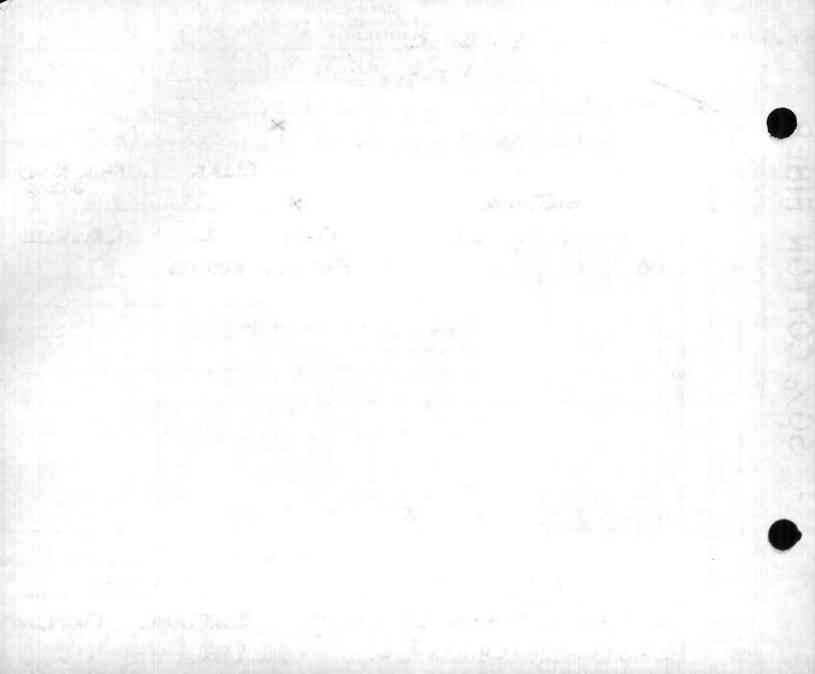
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12	1				STA	TE OF MARYLAND			
P	1.	FOR STATE				HEALTH AND MENTAL	HYGIENE 6	2 1 / 5 4	
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0-16553		CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
ed the	a	REEDEN	6E6126	E W	B	recoen		8 17 KB6 1:18P	M
may er d	3 SE	X	4 RACI			OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF UNDER 24 H	IRS.
e 4	1	MALE	41	HITE	MON /2	DAY YEAR		YRS DAYS HOURS M	UN.
Pog dir		IRTHPLACE (STATE OF F		ZEN OF WHAT C	COUNTRY? 8.		A DALTHAODE CITY C	OR COUNTY OF DEATH	
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P D	78. C	ITY OR TOWN OF DEA	TH 11. NA	AME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. KIND OF BUSINESS	OR
= 专业为为	1	Towson		. Joseph I	HOSP		Customs	Fed. Gov't	
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E 0//8	1	George WAS DECEASED EVER	M.	Breed	CIAL SECURITY NO.	Grace 17 INFORMANT	ADDR	Bowen	_
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	D (ADDRESS		AUG 2 6 1986 9	256 REGISTRAR'S SIGNATURE	
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	11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6	1 / 5 5
1.01.0	1.	- STATE REGISTRAR FLORS OCS V- BROOKS CERTIFICATE OF DEATH REG. NO.	
0 4 0	1.06		DAY YEAR 26 HOUR
		HONNING FINISHED STORES	10000
		1-LONGICO VIOLA MANGES	1 86 7Am
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20	7a. 8	BALTIMORE CITY OF COUNTRY?	Y OF DEATH
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81	III.C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IPPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
10	17	Towson Mahar Gre Towson CLSRK	RAIL ROAD
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24	100	TATE 136 COUNTY 136, CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP COD	
1	1./	Pary and BALLIMORE / DELEIMORE YES NO 10 Haw thorh	Huchue
100	77°	FATHER NAME MIDDLE LAST MODER'S MAIDEN NAME MIDDLE	A LAST
AR	1	William L Brooks Masy	CRISWILL
B .	litte.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
1	1-3	(IF YES GIVE WAR OR DATES) 215-07-474/ FAMILY RSCORDS	
5	-	10 215-07-4741 FAMILY RSCORDS	
-		18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDIATE CAUSE (a) Previous A	4 dolys
N.			
4 8		Canditions, if any, which (b) Chuwl SENENT & + EXTRAPLEMENT &	e = 2-3410.
6 2	1	Canditions, if any, which gave rise to immediate	76
		cause (a), stoting the DUETO, OR AS A CONSEQUENCE OF	
0		underlying cause lost.	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1:0
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10	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YE	ES, WERE FINDINGS USED
3/	18	IN CERT	IFYING CAUSES OF DEATH?
4	15		ES NO
- /	75	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	PART OR PART 2)
1/	ICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
	Iš	21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	
2	MEDI	NOT WHITE THE STREET FACTORY OFFICE FARM ETC.) STREET CITY OF TOWN	COUNTY STATE
No.		A: WORK	9
4		226.1 certify that (1) (this hospital) attended the deceased from	, 19 No , that we last
EV.		saw the deceased alive on	or and fram the causes stated
5		226 SIGNATURE DEGREE	226. DATE SIGNED
3		M. O. UX L MY ATTENDING MEDICAL STAFF	8/, (01
2-	-	PHYSICIAN DIRECTOR PHYSICIAN	19/106
4/		22d PHYSICIAN'S NAME (TYPE ODERNY)	Certificalle
POR /		16/(150W) 6 405 (1W) (1) 5 HH. W 4701.	MB 3112.
3		101 CII NW J 6003 000 10 1000 1000 1000	1 6 6/0 20
	23n	1 10 10 10 10 10 10 10 10 10 10 10 10 10	116 01030
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IM 7/84	2	BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF SOME SPECIFY) R. AL 8-4-486 DRVIO RIOLE BOLLETING FUNCTION COLOR STANDARD FUNCTION AND RECORD BY REGISTRAR 356 REGISTRAR 3	TRAR'S SIGNATURE
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF	DEATH	-	REG. NO	O.			
		CEASED NAME	rirst Jillia		T.		OWN, S	· r	20 DATE	OF DEATH		986 YEAR	2b. HOL	IR
9	3. SEX		71170	4. RACE	1.	S. DATE C).L. •	A AGE	IN YEARS LAST BIRT	- / .	IF UNDER I YEAR	IF UNDER	M Pas HPS
	J. 3E7	Male			nite	Aug	DAY	o [*] 5°	U. AGE	77	YRS	MONTHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR COUNTRY) Maryland		76. CITIZEN OF Y	what country:	MARRIE WIDOWE		MARRIED DI		MORECITY O				MD.
)		TY OR TOWN OF DEA Halethor	ре	11. NAME OF 1 (IF NOT IN SUC 5716	HOSPITAL, NURSI H FACILITY, GIVE STREE Mineral	NG HOME O T ADDRESS) Avenu	OR OTHER IN		12a USU (TYPE OF V	AL OCCUPATION OF FOR MOST OF THE PUNTANT	ON F WORKING L	12b. KIND C		ESS OR
	13a S	AL RESIDENCE DE NURS STATE Maryland	13b COU		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Halethor	WN	YES 🗌	CITY LIMITS?	571	6 Mine		venue,	2122	7
D	14 FA	Thomas		E.	Brown			da MAIDEN NA	ME	WIDDLE		Kemp		
1		VAS DECE ASED EVER		MED FORCES?	166 SOCIAL SEC		17. INFORA			ADDRE				
		Yes		WII	217-14-5	5473	Anna	M. Brow	m, 57	16 Min	eral	Avenue,	212	27
		18 CAUSE OF DEATH lEnter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) We fastatic Crain Termor										BETWEEN ONSET AND DEATH		
		PART I. DE ATH WAS CAUSED BY: MARTIN DE ATH WAS CAUSED BY: MARTIN DE ATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Carcuing of Color Conditions, if ony, which (b)									10 eg	pars)		
		gave rise to im- cause (a), statu underlying cause	ng the	(c)	r as a consequ									
	NOIL	PART 2. OTHER SIG												
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		220.1 certify that (1) saw the deceas above, (1) (we) () (this hosp sed plive or did) (did no	ot) view the body	e degeosed from, 96 19 ofter death.	12/4/	7950 nd that in (m	y) (our) opinion	death accu	-	ote and ha	ui and from the		
,		226. SIGNATURE	ma	d Yaff	e. m. F		DEGREE	ATTENDING PHYSICIAN	MEDIC	AL STAF OR PHYSIC	F IAN 🗌	9-2.		
/		226. PHYSICIAN'S N	AME ITYPE	OR PRINTY			22e. ADDR							
		Dr. Yaf	fe					Forres	st Par	k Aven	ue			
		BURIAL, CREMATION,	, REMOVAL	23b. DATE	23€.	NAME OF C	EMETERY O	RCREMATORY		CATION CITY OR TOWN		COUNTY		STATE
		Dancia	. 7	0/1/	06 M	270500	A ophi	Ann Dar	-L E1	bridge	L		Marz	

DHMH - 16 60M 7/84

Burial | 9/4/86 | Meadowrlage Me PARTICLE | Meadowrlage Me PARTICLE | Meadowrlage Me 21229 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 4)

| Meadowridge Mem. Park | Elkridge | Howard Ma 21229 | 250 DATE REC'D. BY REGISTRAR'S SIGNATURE SEP 5 1986 | TOTAL PROPERTY OF THE PROPERTY OF

15675		1 -	FOR STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		7	5 /
			CEASED NAME	FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
noy be poge 3 er death		,,,,,		A C D CC	2	Bro	240109	8	-12 -	-1956	2305
		3. SE		4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 H
ector.			Femal.	e. w.	h114	7	0.0	53	YRS		
nerol dir	35	In BI	RTHPLACE (STATE OR F	D 75 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		BALTIMORE CITY C	CO.	OF DEATH	
ther d	55		TY OR TOWN OF DEAN NOA LLSTOWN				RAL HOSPITAL	TO USUAL OCCUPAT	ON CREING LIFE)	12b. KIND O INDUSTRY	F BUSINESS
	35	13a. S	TATE MD.	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	RG		5838 OKLAH	ZIP CODE	D 21	784
1 11		14. FA	THER'S NAME	MADDIE	1241		IS MOTHER'S MAIDEN NAM	ME MIDDLE		145	
1 100	00		THOMAS	MIDDIE O•	WILT		LUCINDA	WE WIDDIE	BRO	ADWATE	R
d ro				IN U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
P 000 0	d		no or unknown)	(IF YES, GIVE WAR OR DATES)	218 30 0	356	JAMES BROWNI	NG SAME AS	LINE	13	
that the death certhical and the attending physical cerebral physical cerebral cereb	TOTAL COLUMN		Conditions, if any, gave rise to imm cause (a), statin underlying cause	which (b)	OR AS A CONSEQUE	NCE OF				o, i w	mate interva inset and de
2 9 0 5			PART 2 OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 10	
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d	3 SEX	X		4 RACE	2-2	S. DATE C		6 AGE IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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5	10	Marvland	70.19	U.S.A.		WIDOWE		Baltir	more County		MD.
V.		ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OC		126 KIND (OF BUSINESS OR
Ц	(Catonsville			t Nursing F	_		Housewi		REI INDUSTRI	
1	USU/	AL RESIDENCE (# NUR	SING HOME OR	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13a STREET AD	DRESS / ZIP COL)E	
5		Maryland		imore	Woodlaw		YES NO XX		inglewood A		21207
		THER'S NAME				***	15 MOTHER'S MAIDEN NA	ME			
)		James Patric		MIDDLE	LAST		Alice Loret		MIDDLE	LA	NST
	Ióa V	VAS DECEASED EVER	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT Rosema		ADDRESS		21207
П		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-74-	-2864	3621 Landbe		Baltin	nne	Maryland
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	(Burial		8/14/8			awn Cemetery	Wood.	IOWN	Paltimon	e Marvland
	_	UNERAL DIRECTOR	Lorrin		uneral Dire				SISTRAR 256 REGIS		
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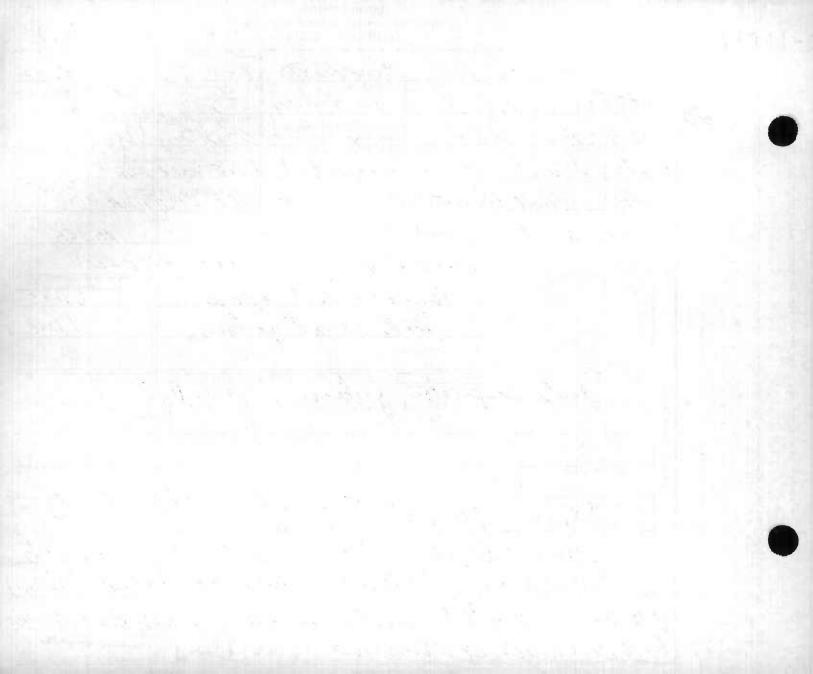
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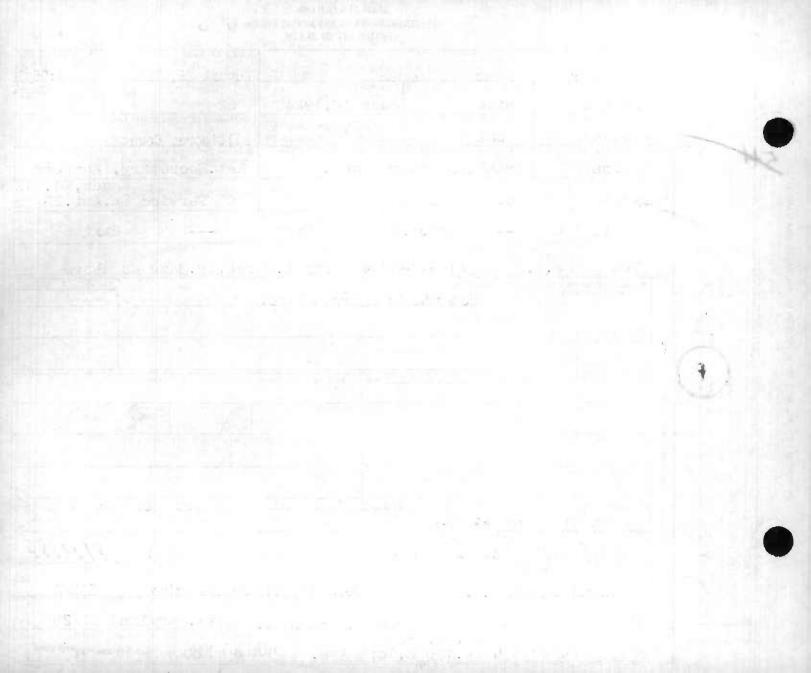
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 26 HOUR CTYPE CIR PRINTS I. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CLTY OR COUNTY-OF DEATH LITATE OF FORLIGH MARRIED | NEVER MARRIED | DIVORCED WIDOWED V OR TOWN OF DEATH HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 2/120 Ju. STATE NO P FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? bei YES [NOF YES [NO [ental Hygi 71g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) LITTER FOWER COUNTY WARE PQ-AT WORK NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from and that in (my) (qur) opinion death occurred an the date and have and from the course stated abave. (1) (we) (did nat) view the body after death 226. SIGNATURE The DATE SIGNED * ATTENDING MEDICAL PHYSICIAN VI DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS should by PORT 0 23¢. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL DHMH - 16 60M 7/84 (VRA 15, 4)



6465	1-	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND TOF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE 8 6	21/	60
		CEASED NAME FIRST	MID	DDLE	LAST	20. DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
poge 3		Mary	Agnes	BURK	F	August 22		3:06p
Ter po	3. SE X		4 RACE		DATE OF BIRTH MONTH _DAY _ YEAR	6. AGE (IN YEARS LAST BIR)		EAR IF UNDER 24 HRS
and on the control of		Female	White		une 10,1924	62	YRS.	
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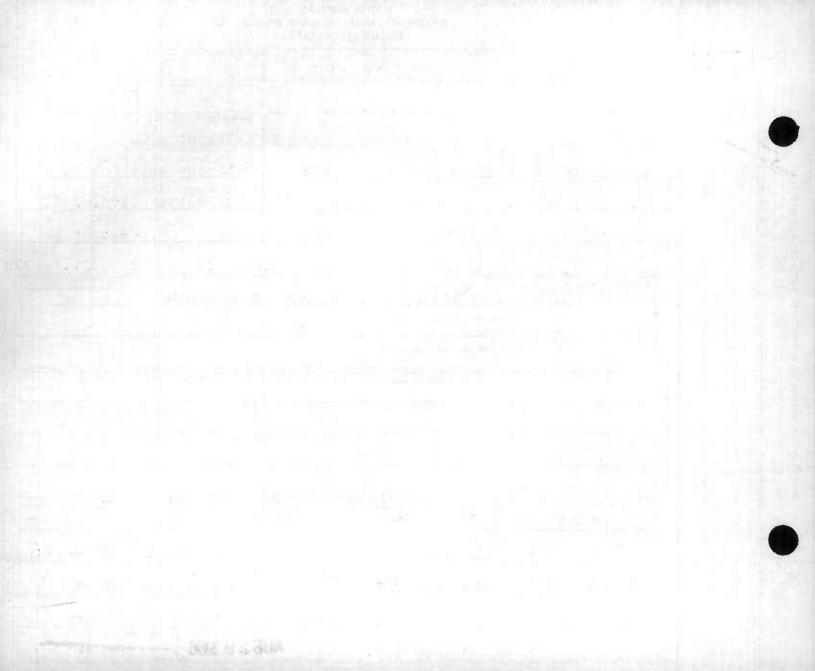


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	10 C	TY OR TOWN OF DEATH Essex	11	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET Clin Squa:	ADDRESS)			12a USUAL OCCUPATION OF SOME STATE OF WORK FOR MOST OF THE BY	ON F WORKING LIFE	12b. KIND OI INDUSTRY	e Racing
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN. The low requires that the death certificate be executed within a contracting physician. The low requires that been signed by the ottending physician and controlled the this certificate has been signed by the ottending physician and controlled to sthe burial-transfer has been signed by the ottending physician and controlled the new carbon papers. Pages 1 The nord Mental Hygene prior to burial, cremation, or removal. The nord Mental By shows ony injury, or other traumatic event, the medical state of the new controlled to	13a S	AL RESIDENCE (IF NURSING STATE 13th	b COUNTY	HER INSTITUTION		ADMISSION)	13d INSIDE CITY L	IMITS?	3e.STREET ADDRESS A	ZIP CODE		
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DHMH - 16 60M 7/84		INTERAL DIRECTOR	2. (4)	ari				25a. DATE F	REC'D. BY REGISTRAR	25b. REGISTR.	AR'S SIGNATI	IRF
(VRA 15, 4)	B	ryan W. Cla	ary,	10 W.	Padonia	Rd.	21093	Al	JG 1 1981	Julia	Dridom	-Randelle

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	O HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 34 hours after distributed by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion, and configurity. Lifted in Exp. the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Rage Chair & triability of the lift and Mental Hygiene prior to burial, cremation, or removal.
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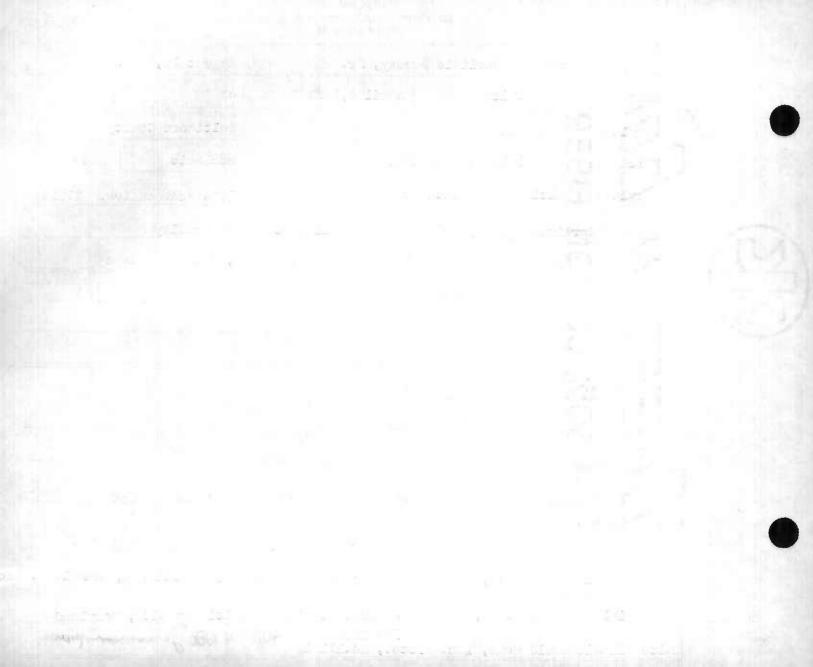
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 26 HOUR DECEASED NAME TYPE OR PRINT August 10,1986 Raymond Carlisle Bussey, Jr. 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IE LINDER STHE 3. SEX April 6,1938 YEAR 48 White Male BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED Baltimore County USA Maryland WIDOWED DIVORCED . CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

Mechanic Auto Redwood Ave. Baltimore 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Maryland Baltimore 1724 Redwood Ave. 21234 15. MOTHER'S MAIDEN NAME FATHER'S NAME Eiizabeth Moore Bradley Raymond Carlisle Bussey, Sr. IN U.S. ARMED FORCES? 17 INFORMANT 1955-1959 218-32-7293 Raymond C. Bussey, Sr. Same Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: OBD - ENDADERY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME, STREET FACTORY OFFICE, FARM ETC) NOT WHILE 22a I certify that (1) (this pospital) attended the deceased from and that in (Ma) (our) opinion death occurred on the date and have and from the causes stated sow the deceased alive on, above, (1) (36) (3d) (3id not) with the body after deat 22c. DATE SIGNED DEGREE ~0 ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8-12-86 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Baltimore. Md. Arthur Lebson . M.D. 3640 Fords Lane 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Aug. 13,1986 Govans Presbyterian Baltimore City, Maryland 24 FUNERAL DIRECTOR 6500 York Rd. 25a. All 15 9

Mitchell-Wiedefeld Home, Inc. B. 1to., Md.21212

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH LAST 2b. HOUR DECEASED NAME FIRST 30 TYPE OR PRINT AUGUST 17, 1986 FANNIE CAHN R. 5. DATE OF BIRTH 1892 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE JULY 22, XXXXX XQX5 CAUCASIAN FEMALE 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. ONORTH CAROLINA BALTIMORE COUNTY WIDOWEDIX DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR AT HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! 7206 CHALKSTONE DR., APT. t-1(21208) HOUSEWIFE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION (21208)13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 7206 CHALKSTONE DR., APT. T-1 BALTO BALTO MARYLAND 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME ROSE MIDDLE MIDDLE SIGMUND RÖSENBACHER CARRIE 166 SOCIAL SECURITY NO. 17 INFORMANT MR. CHARLES OM S CHAN, JR. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 220-48-8321 100 N.CHARLES ST., SUITE 1200 #21201 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY amos IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED Oh IF YES, WERE FINDINGS USED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [216 TIME OF INJURY 216 HOW INJURY OCCURRED 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURI DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

BP____

DHMH - 16 60M 7/84 (VRA 15, 4)

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SPEBURIAL

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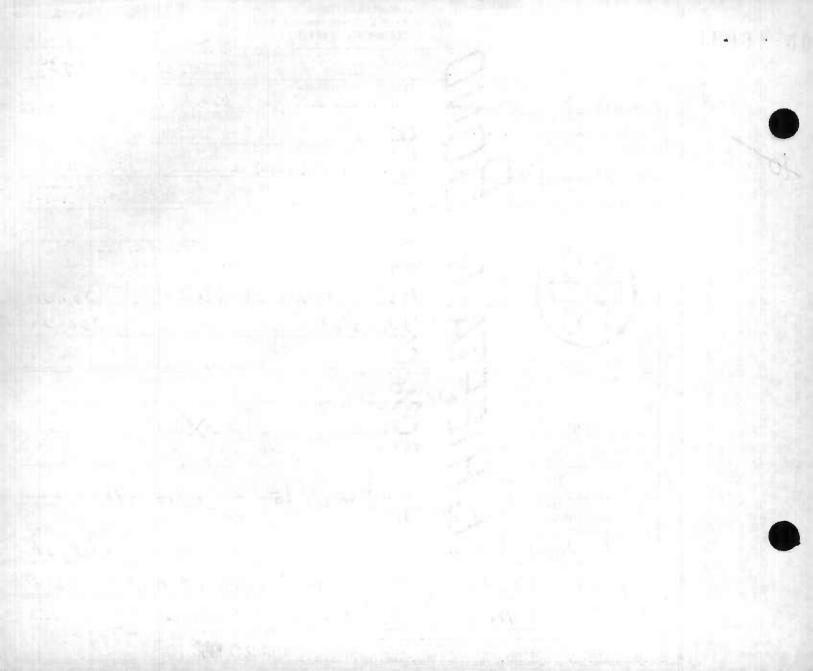
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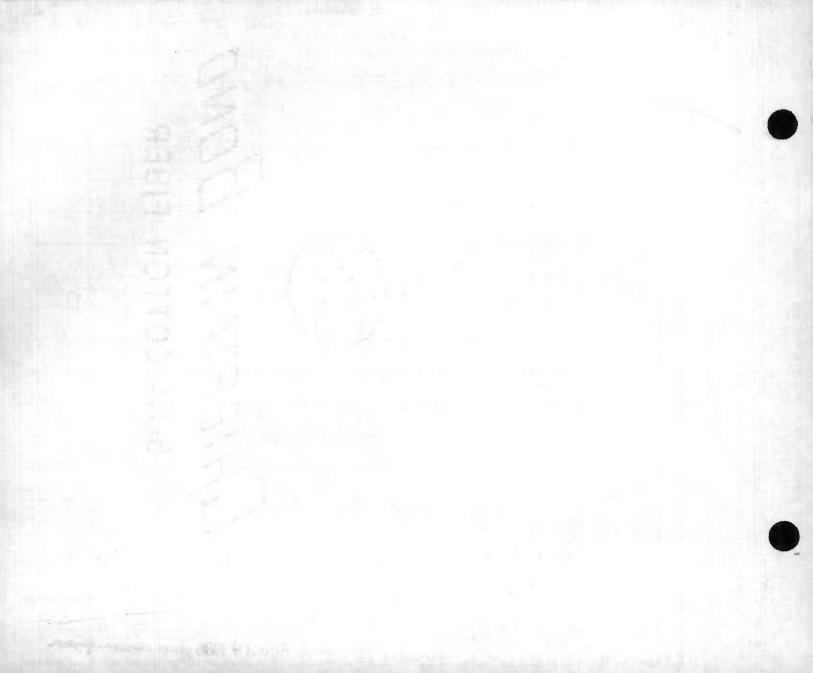
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

250. DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTIMORE MARYLAND 21215 ALIG 2 0 1966



	١,	FOR			DEPA		E OF MARYLAND HEALTH AND MENTAL HY	GIENES 6	2 1	1 6) /
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Bood William		IRTHPLACE (STATE OR	FOREIGN		WHAT COUNT		ember 15 1915	9 BALTIMORE CITY	YRS	DEATH	
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8 11/30	10 C	Pennsylva ITY OR TOWN OF DE		USA	HOSDITAL AILIE	WIDOW	DR OTHER INSTITUTION	120. USUAL OCCUPA	re Count	J	
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us de la		Towson AL RESIDENCE (IF NUR					., Apt. 807	Executive	Pres.	Carp	et
Id be	130	STATE	136 COUN	VTY	13t. CITY OR T		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
C = 8 (E)	_	aryland	Balt:	imore	Towson	n	YES NO X	204 E.	Joppa Rd	., 212	204
X d Age	14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
1 1000		Joseph			Cammar		Victori			cola	
Poges medical		WAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDI	RESS		
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sicio per per of.		18 CAUSE OF DEAT	TH (Enter on	nly ane cause pe	r line for (a), (b).	nd (c'.)	ma ple			BETWEEN	MATE INTERVAL
requires, that the deal is signed by the other. Then please remove or it to burial, cremation injury, or ather troum	NOI	cause (a), stati underlying cause PART 2 OTHER SIG	e last	(c)_	ONTRIBUTING		NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	
he low re ion. hos been if permit 1 iene prior	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	GS USED OF DEATH?
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retoined by 11 TO FUNERAL should be det with the State		Joseph	Shear	r, M.D.	A STATE		6715 Park	Heights Av	e., 2120	8	
7. e 1. ≥ 3 ₹	23o E	BURIAL, CREMATION,	REMOVAL	236 DATE	2	3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
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DHMH - 16 60M 7/84	24 F(JNERAL DIRECTOR	Must	in Wo	Lauren		250 DA	TE REC'D. BY REGISTRA	256. REGISTRAR	'S SIGNATU	IRE
(VRA 15, 4)	M	artin D. I	awson	, 10 W.	Padoni	a Rd.,	21093 AU	629 1986	grana ways	ton Ma	- Property



TO FUNERAL DIRECTOR: After

OR ATTENDING

retained by the haspital TO HOSPITAL

BP.

DHMH - 16 60M 7/B (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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湖	No				457-48-	1359	Billy	R. Can	ipe	S	ame	me as 13e		
.98		18 CAUSE OF DEATH	H (Enter an	ly ane cause per	line far (a), (b), ar	nd (c)		- N.				BETWEEN	IMATE INTE	D DEATH
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4	The Part of the Pa	mo	THPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE COUNTY MD.
	1 11/17	10. CI	YOR TOWN OF DEATH	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) T. JOSEPH S HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY
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TON ST. BALT	oth certifications in a control of the control of t		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE OF
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AL RECORDS, 2	on on tiperation to be transprior to but the one of the to but	CERTIFICATION	Systemic Lupus E	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 197. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WHIC
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_	TTENDE pital or TOR A for use of Healt		now the directed alive-	pitol) oftended the deceased from November, 19, 84, to Avans 7, 30, 19, 86, that (i) (we) lost hours 129, 19, 86, and that in (my) (our) apinion death occurred an the date and hour and from the causes stated not) view the body after death.
	At OR At OR At DREC detoched detoched one Dept.		226 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/30/86
316.3	D HOSPITAL Torined by the Could be defined the Stute	9	F. WIEG	5-MANN 8406 Harford Rd. Baltimore, Md. 21234
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	DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	NERAL DIRECTOR VANS CHAP	SEP 3 1986 SEP 3 1986 SEP 3 1986

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ector, po	3. SE	Female	4 RACE White	5. DATE (6, 1906	6 AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YE,	AR IF UNDER 24 HRS
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TO HOSPITAL TO FUNERAL should be det with the Store			s O'Donovan		9 E. Chase		o., MD	
BP		BURIAL, CREMATION, REMOV (SPECIFY) Burial	8/13/86	New (EMETERY OR CREMATORY Dathedral	23d LOCATION CHYORTOWN Balto.,	Y14103	
DHMH - 16 60M 7/8 (VRA 15, 4)		UNERAL DIRECTOR Henry NAME 905 York Ros			Co. 25a DATI	6 1 3 1986	136 REGISTRAR'S SIGN	AUBERAIN.

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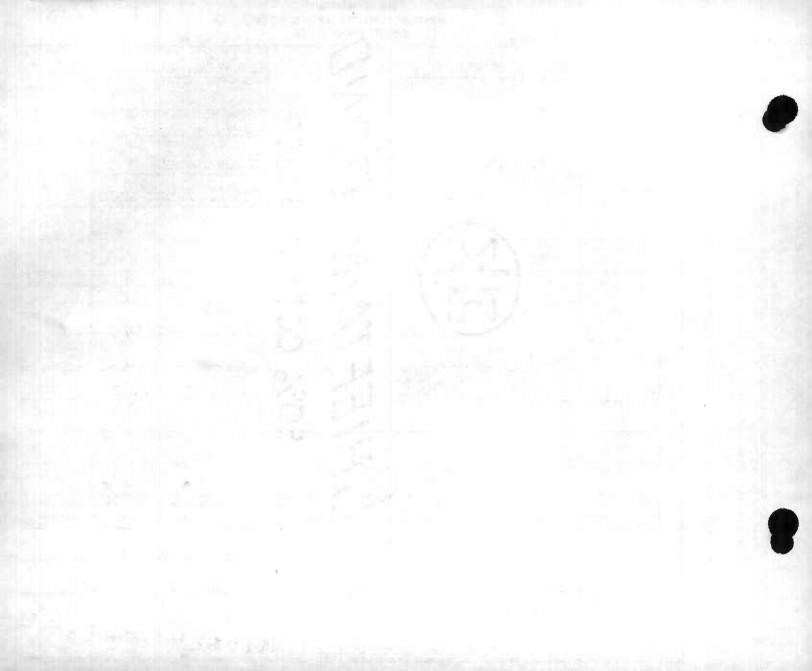
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1 10	TARES T	MEDICAL CERTIFICATION	190. DATE OF	OPERATION		196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY	?
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DIVISION OF VITAL	X # E B M B	10	UNDERLYING	L CAUSE WA		11b. TIME OF	. MONTH	7-86 YEAR		OW INJURY								
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20	E. THIS CERT F. WRITING RWARDED F. PAGE 3 SH STATE DEPA	¥	WHILE AT WORK	NOT WHILE	ž.	resi	dence	-,	23	E. Cha	atswoi	cth A	venue		eiste	rsto	wn. I	STATE
	R C O R H B S S					he remains des	cribed abo	ve, held an	Autap	x X	Inspection		Inquiry		and in my	apinian	4	
-	A DE DE		death result	ed fram:	Natural ca	uses ,	Accident	Sui	cide 🗌	, Homic	ide .	Undete	rmined mo	inner].			
9	383 BE		ACTUAL	VA	مع طدا	A	Ular			TITLE (S		_			DAT	F Ω	-6-86	5
	SES MESS	1	SIGNATURE	ILA	and a	- June	1147		M	D. Ass:	ISLAIN	MEDK	CAL EXAM	INER	SIGI	NED	-0-00	,
	MEDICAL E GECUTE THE GET SHOUL SENDERAL THE DEATH		EXAMINER'S (TYPE OR PRI	NAME M	argar	ita A.	Kore!	11, M.D		ADDRESS_	111 1		Stree					
	524548	23a 81	JRIAL, CREMA PECIFY Buri	TION, REMOV		g. 9,19		NAME OF CEM				23d. LOC	ATION	ille,	Can	TOTA	Ma ^s	TATE
07/84 25M	DI	_	INERAL DIREC		0/1						250. DATER							A
	DHMH : 17 (VR A15 ME (5))	1	1. Ze	bleare	Ot-	- Owing	s Mil	ls, Md	. 21	117	AU	0 8	1986	2	PARKE,	Service .	P. Signer	
		The same of																

Zalety Branch Park

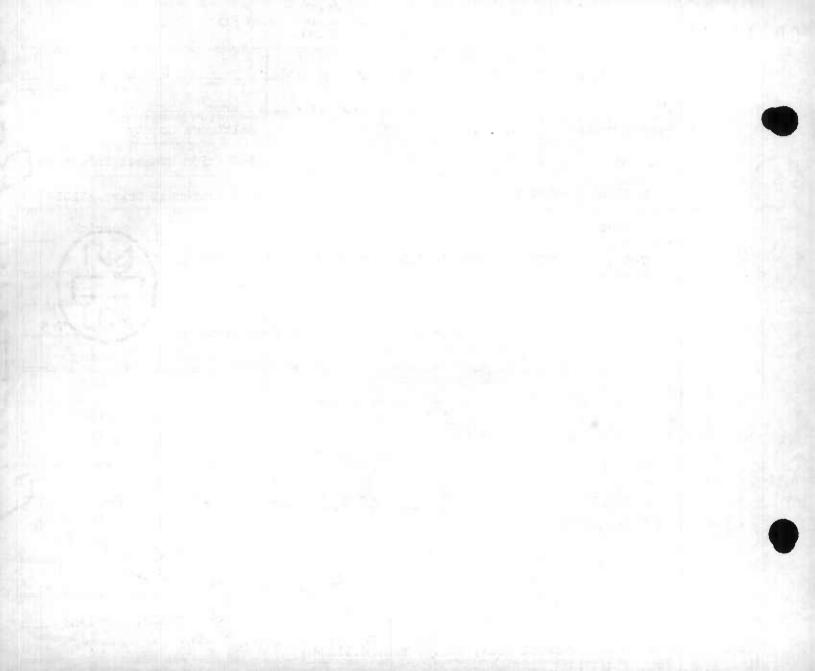
STATE OF MARYLAND

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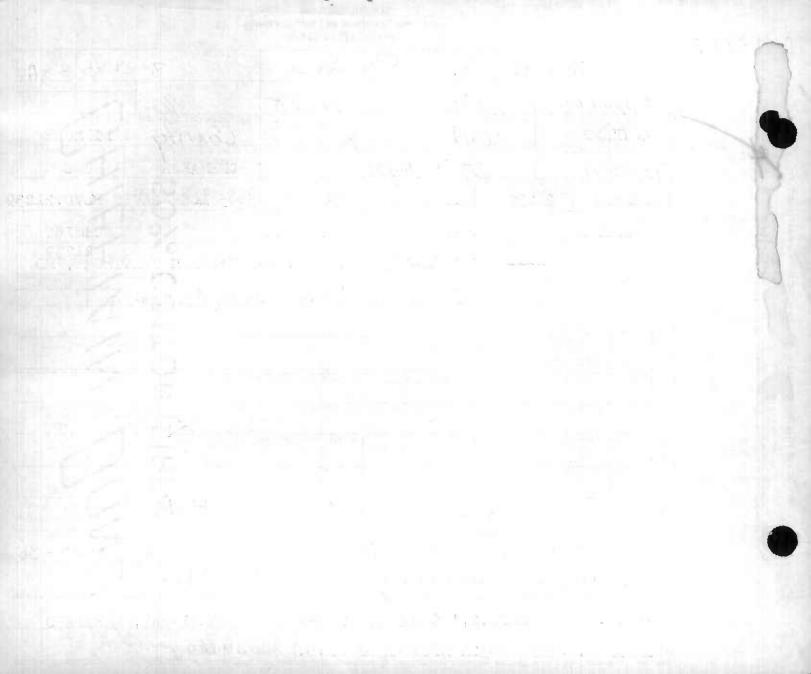
(VRA 15, 4)



00-15814	1-	FOR STATE REGISTRAR			STATE OF MARYLAND FOF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENG 6 2	1774
may be r. page 3 tter death		Rober:	OBERT MIDDLE .	C.	CAWLEY CAULEY CATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
offi	71.81	NAIE RTHPLACE ISTATEORFOREIGN Phinsylvania	WhiTE TO CITIZEN OF WHAT U.S.A.	N	ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore Cou	RS. DEATH
200 un after de un de fun pred	7	TY OR TOWN OF DEATH	S BIN T	AL, NURSING H	OME OR OTHER INSTITUTION HOSE, TAL	120 USUAL OCCUPATION LITTIGATION MAI	126 KIND OF BUSINESS OR
this will this this this should be should be	13a. S	AL RESIDENCE (IF NURSING HOME OF		TY OR TOWN	13d INSIDE CITY LIMITS? YES NOTHER'S MAIDEN N	8203 Evergreen	Drive, 21234
mak mplett		Hubert		ley	Ireñe	WIDDIE	Merrick
in BALTIMORE, MAR ficate be executed with physician and complet papers. Pages 1 and invol.	16a V	VAS DECEASED EVER IN U.S. AF		DCIAL SECURITY		wley, same as #1	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
NG PHYSICIAN: The low requires that the death certific attending physicion. The low requires that the death certific attending physicion. The death certificate has been signed by the attending phy as the burial-transit permit. Then please remove corbangoth and Mental Hygiene prior to burial, cremation, or remonanced them 18 shows any injury, or other traumatic even and active them.	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUENCE	oma of The p	Paneras MINAL DISEASE OR CONDITION 200 AUTOPSY? 201 IN CE	Immed 10 months GIVEN IN PART TIO FYES, WERE FINDINGS USED IRTIFYING CAUSES OF DEATH?
G PHYSICIAN; The offending physicion, ter this certificate has she buriol-transit per hand Mental Hygiens ried or tem 18 show.	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE OF THE CONTRIBUTION OF THE CONTRIBU	HOUR A.M. M	ONTH DAY	YEAR 19 211. LOCATION	YES NO RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
OR ATTENDIO e haspital or DIRECTOR. A ched for use Dept. of Heal		22a. I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did not like) 22a. PHYSICIAN'S NAME (TYPE of like)	of view the body after d	0 19 89	R/3 , 19 89 , and that in (my) (our) apinion EGREE ATTENDING PHYSICIAN 22e ADDRESS	n death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes stated
TO HOSPITAL reformed by the TO FUNERAL should be deto with the Store IMPORTANT. II	23a E	Duane -	T. Sma		F OF CEMETERY OR CREMATORY	20 York Rd,	Tonson, Md, 21204
BP	- 1	Burial	8-20-86		ney Valley	Cockeysvil]	Le, Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR ICK Towson Fune	ral Home, I	nc. Tows		ATE.REC'D, BY REGISTRAR 256, REC	GISTRAR'S SIGNATURE



0-16737	,	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1775
4 20			EASED NAME PRINTS Hele	n	M.	Ch	ambers	20 DATE OF DEATH MON	8 29 86 3130A M
nge 4 mg/		. SEX	Female	4. RACE	hite	S DATE O		6. AGE IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
Pura	35	M	ARY AND	76 CITIZEN OF	SA	MARRIE WIDOWE		9 BALTIMORE CITY OR CO	BALTIMORE MD.
The state of the s	8	I	SUSON DEATH	11. NAME OF	STO JOS	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WO HOMEMAKER	DRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY HOME
AND 212			RYLAND	OTHER INSTITUTION	BALTIM		134 INSIDE CITY LIMITS?	5805 LOCH	RAVEN BLVD.2123
MARYL ted within	10	4 FA	HER'S NAME WILLIAM	MIDDLE	THOMPSO	N	15. MOTHER'S MAIDEN NA. MÄRGARI		SCHWIDT
IMORE, on and or one of the order of the ord	2	6s W	AS DECEASED EVER IN U.S. AR	MED FORCES?	182-10-		HELEN C. RI	EICHENBERG	BALTIMORE, MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1 ING PHYSICIAN. The law requires that the death certificate be executed within the offending physician. When this certificate has been signed by the attending physician and completely lifter this certificate has been signed by the attending physician and completely lifter this certificate has been signed by the attending physician and completely lifter than the manual Hygien and a should be an attended or femal 8 shows any injury, or other traumontic event themselved products.			RAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, (b)_	ENDS DR AS A CONSEQU DR AS A CONSEQU	ENCE OF	chronic l	ung dise	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
AL RECORDS, 21 he law requires ian. has been signe, the permit. Then pi iene prior then pi	1	CERTIFICATION	PART 2 OTHER SIGNIFICANT O				NOT RELATED TO THE TERM	20a AUTOPSY? 20	ON GIVEN IN PART 110. Ob. IF YES, WERE FINDINGS USED N CERTIFY ING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \end{array} \\ \text{PS} \\ \end{array}
PHYSICIAN: T ending physici this certificate burial-transing Amenial Hygis	1	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	ATH HOUR A	OF INJURY A.M. MONTH D P.M. OF INJURY TREET, FACTORY, OFFICE,	19	211. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY IN	(TEM 18 PART) ORPART 2) COUNTY STATE
OR ATTENDING PHY OR ATTENDING PHY he hospital or offending DRECTOR: After this oched for use os the bu Dept of Health and M Henz I is marked or		2	WHILE NOT WHILE ALWORK AT WORK 22a I certify that (I) (this haspi saw the decended nive an obose. If twell did no 27th SIGNATURE	ital) attended t	the paceased fram_		d that in (my) (aur) apinian	to Added the death accurred on the date of	that (I) (we) last and have and from the causes stated
TO HOSPITAL refurred by the TO FUNERAL should be den	1		27d. PHYSICIAN'S NAME (14PE O A C L C URIAL, CREMATION, REMOVAL	S. ELA	Hennai		22e ADDRESS	DIRECTOR PHYSICIAN Tad LOCATION	× 18-47-86
BP		15	BURIAL			ALTIN	EMETERY OR CREMATORY ORE CEMETE	CITY OR TOWN	RE. MARYLAND
DHMH - 16 60M 7/ (VRA 15, 4)	/D /		NERAL DIRECTOR LLTAM E. JOH		21 LÖCH		25a DAT	E REC'D. BY REGISTRAR 256	



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN® CERTIFICATE OF DEATH

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21176

ł	I DECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT) Dons		Ch	nesser	8	20 86	M
1	3. SEX	4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
П	Male	White	MON3	5 25	61 YR:	MONTHS DAYS	HOURS MIN.
s	7g. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8	700	9 BALTIMORE CITY OR COUN		
5	Virginia	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED	Baltimore Co		MD.
5	10 CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, I	NURSING HOME OF STREET ADDRESS) dence Rd.	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING Supervisor		& E
-	UAL RESIDENCE (IF NURSING HOME 130, STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 134. CITY C	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	ODE D.1 O	7.00/
	Maryland Ba	10.	wson	YES NO NO		ice Rd. 2	.1204
	Frank R. C		AST	15 MOTHER'S MAIDEN NAME Ruth 1	MIDDLE	LAS	JT.
1	160 WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT	ADDRESS		
1	(YES, NO OR UNKNOWN) (LEXES	TI 219-1	.0-5991	Mrs. Nancy C	hesser Sa	ame as 13	e
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION	NSEQUENCE OF		NINAL DISEASE OR CONDITION		
	190. DATE OF OPERATION 5-86	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF IN CEI	YES, WERE FINDIN RTIFYING CAUSES YES	NGS USED S OF DEATH? NO [
	sow the deceased alive	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, spital) attended the deceased an not! view the bady after death EOR PRINT)	OFFICE, FARM, ETC.) from, a	211 LOCATION STREET 722 , 19 8 ond that in (my) (our) opinion DEGREE	CITY OR TOWN city OR TOWN death occurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN	L 19 G have and from the	
Н			122 11115 05		Tay Location		
	23a BURIAL, CREMATION, REMOV (SPECIFY) Cremation	23b. DATE 8/23/86		iew Crematory	23d LOCATION CITY OF TOWN Baltimore	Maryla	nd STATE
	24 FUNERAL DIRECTOR Ruck Towson Fur	eral Home, Ind	DDRESS 1050	21204 York Rd. AU	6 2 1 1986 June		

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FOR STATE

STATE OF MARYLAND

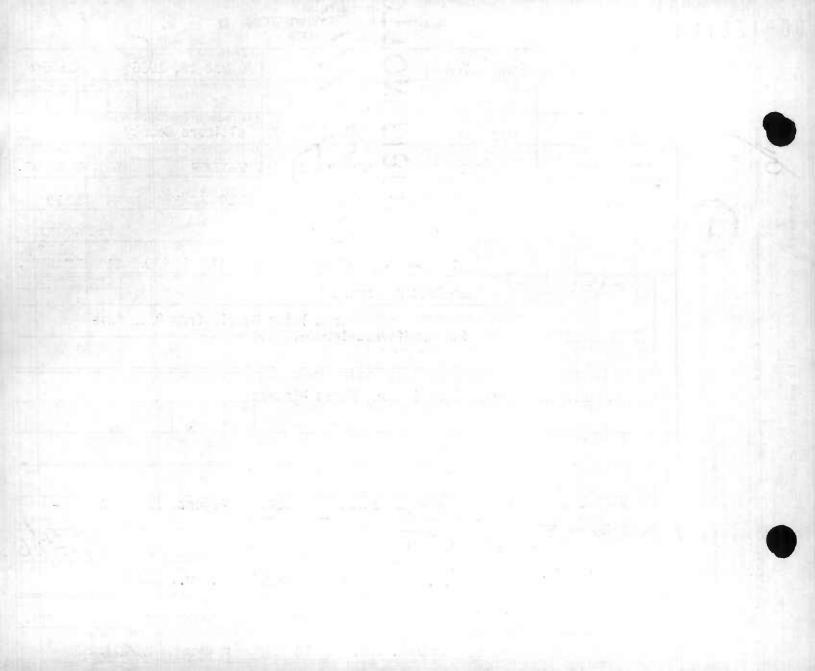
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

21771

- 1		REGISTRAR			CEKTIF	ICATE OF DEATH	REG. N	0.			
1		CEASED NAME FIRST	٨	AIDDLE	1	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR	
1	(TYPE	Fran Fran	nk John C	HYBA			August 15	, 1986		3:45 a _M	
1	3. SE)	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR		
1		MALE	WHIT		OCT		96	YRS.	ONTHS DAYS	HOURS MIN.	
7		RTHPLACE (STATE OR FOREIGN COUNTRY) BOHEMIA	USA	WHAT COUNTRY?	8. MÁRRIE WIDOWE	D NEVER MARRIED	Baltimore city of Baltimore			MD.	
7	10 CI	BALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ODRESS)	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) TAILOR			OF BUSINESS OR	
£	134.5	AL RESIDENCE (IF NURS IN THE STATE	OTHER INSTITUTION	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN BALTIMO	٧	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3210 KEN	ZIP CODE YON A	VE. 2	1213	
b	14. FA	THER'S NAME FIRST ANTON	WIDDLE	SACHA		15 MOTHER'S MAIDEN NAME IN THE MARTE	ME		PRÉ	Nosil	
5		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	ESS		21234	
4	(1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OK DATES)	213-09-5	5532	HERMAN CH	YBA (SON)	8718	SUMM	IT AVE.	
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OF CONDITIONS CO	ONTRIBUTING TO D	NCE OF HOVE OF	Overwhelming scular Collaps NOT RELATED TO THE TERM Heart Diseas N WAS PERFORMED	INAL DISEASE OR COM	IDITION GIVI	EN IN PART I		
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NOW YES N				
	MEDICAL	21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e PLACE (OF INJURY SEET, FACTORY, OFFICE, FA	RM ETC)	216. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
		27b. SIGNATOR	on August	e deceosed from 15. 15. 19. 8 after death.	7	t 14 , 19 86 and that in (angle) (our) opinion of DEGREE ATTENDING PHYSICIAN	, to August deoth accurred on the c MEDICAL STA DIRECTOR PHYSI	FF _/		that (*) (we) last e couses stated	
		GOEF	LE RE	,M.D.		9000 Frank		, 2123	7		
		BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	23b. DATE 8/18/			REDEEME F	23d. LOCATION CITY OF TOWN EALT I	MORE	COUNTY	MD.	

3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)



DECEASE NAME 1881 MODE 1431 TO SERVE TO SER	1010	1-	STATE CLIFFORD REGISTRAR	DONALD CLARK CERTII	EALTH AND MENTAL HYG	REG. NO	21110
The Birthflace (shift persone) The CHIZEN OF WHAT COUNTRY? MARRIED MARRIED DOORCED WEST' Virginia The Chizen of What country of Death Towson 1204 The CHIZEN OF WHAT COUNTRY? MARRIED MARRIED MARRIED DOORCED The Usual occupation The Us	rtor. page 3	(TYPE	OR PRINT)	CL'IFFORD C		(8/8/86)	DAY) IF UNDER T VEAR IF UNDER
Towson 21204 Town 21204 Towson 21204 Town 21204 To	100	We	est" Virginia	USA WIDOW	ED DIVORCED	Baltimo	county of DEATH
HEATHER'S NAME JOHN Henry Clark Last Is Mother's Maiden Name First Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Approximate interval Lost Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Approximate interval Lost Lucinda Evans Lucinda Evans Lucinda Evans Lucinda Evans Lucinda Evans	138	To	ALRISIDENCE TO THE OR OTH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HER INSTITUTION, GIVE RESIDENCE BEYORE ADMISSION)	tospital	Heavy Equip	oment Balto Co
John Henry Clark Ide Was decased ever in u.s. armed forces? Ide Cause of Death Enter only one couse per line for (a), (b), and (c). I Part I. Death was caused by: Immediate Cause (a) Due to, or as a consequence of Underlying couse lost (c) Part 2 Other significant conditions Contributing to Death but not related to the terminal disease or condition given in Part 1:a Due to, or as a consequence of Underlying couse lost (c) Part 2 Other significant conditions Contributing to Death but not related to the terminal disease or condition given in Part 1:a Ide Date of Operation Ide Date		2	THER'S NAME		YES NO THE NAME NAME NAME NAME NAME NAME NAME NAM	VE 55 Chande	11e Rd. 21220
BE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. AUTOPSY? 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY POUR AM MONTH DAY YEAR 2116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN IEM IB PART 1:0 RPART 2:)	ond compli		VAS DECEASED EVER IN U.S. ARMET	D FORCES? 166 SOCIAL SECURITY NO.	Lu 17 INFORMANT	cinda Eva	ns s
S.E. S.E. S. W. L. CONTRACTOR OF CONTRACTOR	uires that the death cer igned by the attending en please remove corbo burial, cremation, or re iny, or other traumatice	7	Conditions, if any, which gave rise to immediate couse lai, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) Sulfution DUE TO, OR AS A CONSEQUENCE OF (c)	not related to the term	um mi	ITION GIVEN IN PART 110
S.E. S.E. S. W. L. CONTROLLED CONTROLLED HOUR A.M. MONTH DAY YEAR	he iche	TIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUSES OF DEAT
	YSKCIAN: 1 ling physic s certificate ourial-trans Mental Hyg		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	Louis Li	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART ?)
	NR ATTEN hospital IRECTOR. When for us ept. of Hem 21 is		saw the deceased alive an	19	DEGREE		22c DATE SIGNED
sow the deceased alive an	by the ERAL State deta		22d PHYSICIAN'S NAME (TYPFORPR. MATIVIDAD	D. DE LEON	27e ADDRESS		

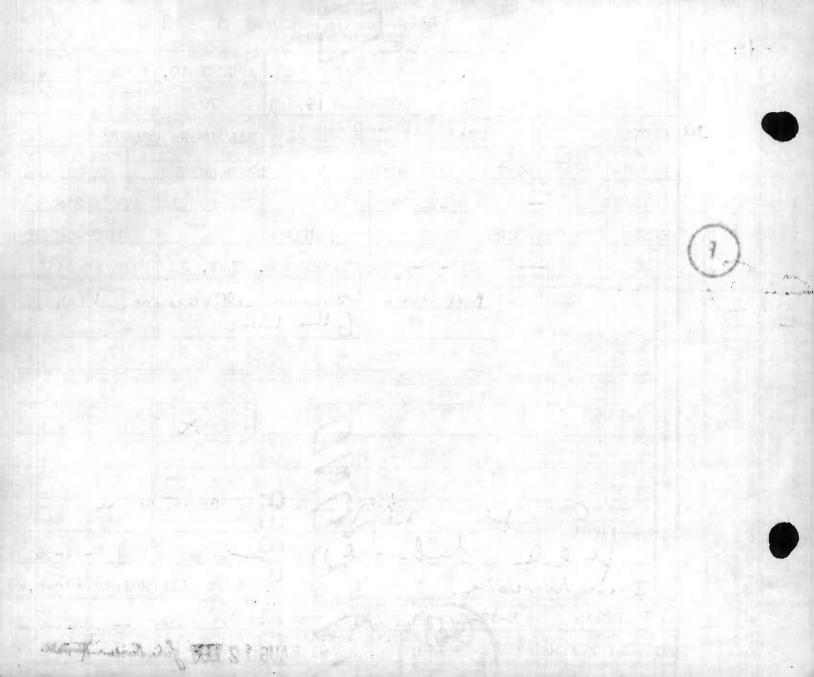
STATE OF MARYLAND

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STATE OF MARYLAND

-	FOR 1 - STATE	DEPART	STATE OF MARYLAN TMENT OF HEALTH AND M	ENTAL HYGI	ENB 6	2 1 7	7 9
1	REGISTRAR		CERTIFICATE OF DE		REG. NÓ.		
-1	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		2a. DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
-	CRAWFOR	RD M.	CLAY	SR.	AUGUST 10	, , ,	м
1	1. SEX	4 RACE	5. DATE OF BIRTH		6. AGE IN YEARS LAST BIRTH	DAY IF UNDER I YEAR MONTHS DAY	
1	MALE	CAUCASIAN	NOVEMBER' 1		70	YRS	
	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER M.	ARRIED -	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	MARYLAND	USA	WIDOWED DIV	ORCED .	BALTIMORE	COUNTY	MD.
	RANDALLSTOWN	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 3937 CHAFFEY		UTION	120 USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF V LEAD BURNE	WORKING LIFE) INDUSTR	OF BUSINESS OR EMT CAT
1	STATE 18 NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	t turner t			
7	MARYLAND	BALTII	MORE YES N	NO	712 PONTI		21225
ń	I FATHER'S NAME		15 MOTHER'S		E		2.22
Ü	HENRY CRA	WFORD CLAY	T, A'i	ÜRA	WIDDLE	MON	TGOMERY
5	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC			ADDRES		1.001133111
	(YES, NO OR UNKNOWN) IF YES, GI	215-05	-6309 CRAWFO	ORD M.	CLAY, JR	SAME A	S #11
7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OPERATION 190 DATE OF OPERATION 190 DATE OPERATION 190 D	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	UENCE OF		20e AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSI	DINGS USED ES OF DEATH?
g	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	Izi, HOW IN I	IDV OCCUPE	D (ENTER NATURE OF INJURY	YES 🗍	NO 🗆
	OR CONTRIBUTING TO CAUSE OF OF	HOUR A.M. MONTH	DAY YEAR	JAT OCCORRE	ENTER MATURE OF INTORT	NIEM IS PART I OR PART 2	
	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY JAT HOME, STREET FACTORY, OFFICE	. FARM, ETC. 1	1	CITY OR TOWN	A COUNTA	STATE
	22a I certify that All this hosp	ital) ottended the deceased from	RCL, and that in (my) (o	19	eath occurred on the date		_, that (h (we) last he causes stated
	22b. SIGNATURE		DEGREE				TE SIGNED
1	I had	e M	and MA PH	TENDING TYSICIAN	MEDICAL STAFF	N 8-	-11-86
	1 1.	OR PRINT)	11 Eas	st Che	stnut Hil	l Reiste	rstown.Md
	230. BURIAL CREMATION REMOVAL		NAME OF CEMETERY OR CE		23d LOCATION		
	(SPECIFY) BURIAL	0 47 00	DLY CROSS CI	ביברוזיקד ואוי	BALTIMO	COUNTY	MARYLAND
1	24 FUNERAL DIRECTOR			250 DATE	REC'D. BY REGISTRAR 25		
4	MCCULLY FUNERA	L HOME BATTE	M27 17 m m m m m m m m	20 4110		A. R. Jan	Title .

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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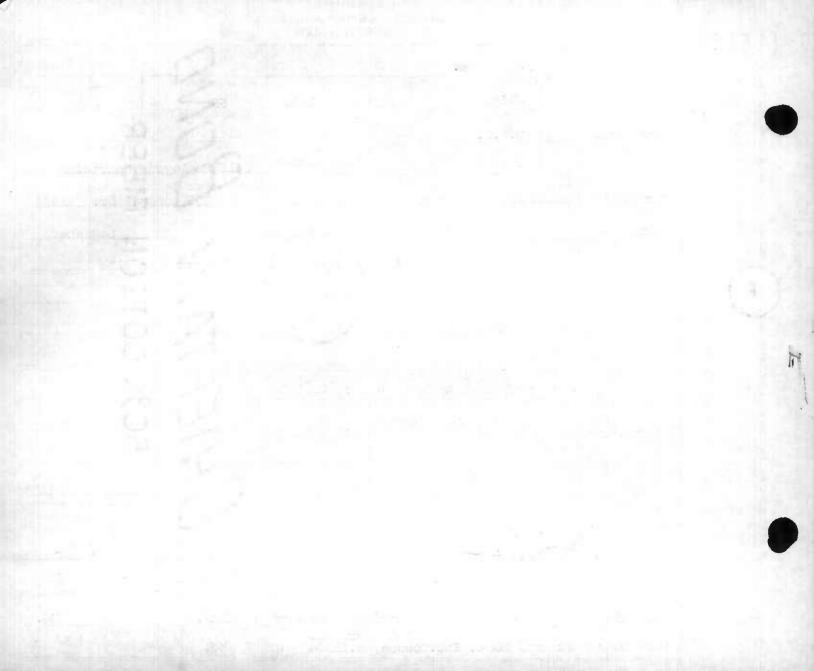
1	-	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.		1
ï		CEASED NAME FIRST	MIDDIE	0./	1A51	20. DATE OF DEATH MONTH	DAY YEAR 2	h HOUR -
		Leonard	State Barry	Clay	iton	Aug	17,19861	5 HAM
į	3. SEX	x	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOLAT)		IF UNDER 24 HRS
		Male	Black	1	1 - 1- 1	81 v	'RS	NOONS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MADDI	ED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH	
4		MD	USA	WIDOW	ED DIVORCED	Saltimo		enty MD.
	0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACI	LITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE) INDUSTRY	BUSINESS OR
		AL RESIDENCE LIF NURSING HOME OR	TOWAS / Blar	d Bryant A	sg center	Laborer-M	amenance	
9	13a S	STATE	NTY 13c	CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	174
		ATHER'S NAME	e George Co	llege Park	YES NO X	4708 Lakelan	droad	0/10
	9		MIODLE	LAST	UNKNOWN		LAST	
13	16a W	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
1	(Y	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	9-12-4347	Records at	Tawes / Bland Bry	ant Nig Ce	nter
			ly one couse per time f		0.0.	- A		ATÉ INTERVAL ISET AND DEATH
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	E CAUSE (a)	releasie	of live	ve Ascil		SET KIND DE KIN
		III III III III III III III III III II		A CONSEQUENCE OF	4			
		Conditions, if ony, which	(b)	A CONSEQUENCE OF			1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	
		gove rise to immediate cause (a), stating the		A CONSEQUENCE OF				THE REAL PROPERTY.
		underlying couse lost	(6)	CONSECUENCE OF				
	7	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTR	BUTING TO DEATH BU	T NOT RELATED TO THE JERM	AINAL DISEASE OR CONDITION	GIVEN IN PART TO	
	TIO	Seule	Deme	utier	- bioli	eles mg	eli+u.	7
4	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20s. AUTOPSY? IN C	IF YES, WERE FINDING ERTIFYING CAUSES O	S USED F DEATH?
	ERTI	21g ACCIDENT WAS UNDERLYING	21b TIME OF INJI	LIDY	Tal. HOW IN HIDY OCCUP	YES NO NO		NO 🗌
1		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART : OR PART ?)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.	19	211 LOCATION			
	ME	WHILE NOT WHILE		CTORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		17a I certify that the thin house	All contended the dec	annel tran	-17- 10 80	2 . 8-17-	1086	(O)
d		saw the Box equal time on	2-16-	10 36	and that in (my) (our) opinion	death occurred on the date one	hour and from the co	
		Down (1) (An (Idid) (Aid no	is view the Body ofter	death.	DEGREE		22c DATE SK	GNED
		Sewy V.	ee C	velu 1	U.D - ATTENDING PHYSICIAN P	DIRECTOR PHYSICIAN	8-17	1-86
/		22d. PHYSICIAN'S NAME TYPE,O	R PRINT)	0	22e ADDRESS	0		
		CESAR U	ALLE	CAVERO	Sprino	arove	HUSP-G	culey
1	23a B	URIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF	CEMETERY OR CREMATOR	23d LOCATION		
	- {:	Burial	8/25/86	Mt Zion	Cemetery	Landsdown	COUNTY	Md
		INERAL DIRECTOR		ADDRESS	25a. DAT	E ACCID BY REGISTRAN HE RE	GISTRAR'S SIGNATUR	E
	M	larch Funeral Ho	ome West 4:	300 Wabash	Avenue	1100 5 1000		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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17373		CEASED NAME	FIRST	14	MIDDLE	LA	ST		20. DATE OF DEA	TH MONTH	OAY YEA	R 2b HOUR
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may be page 3 er death	3. SE	Х		4 RACE		5. DATE OF			6. AGE (IN YEARS L	AST BIRTHOAY)	IF UNDER 1 Y	
ctor.		Female		White		Octol Octol	per 5,	1930	55	YR		AYS HOURS MIN.
Son dire	7a. B	IRTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8			9 BALTIMORE C			H
A 20 20		New York		U.S.A		WIDOWED	NEVER A	VORCED	Baltim	ore Con	untv	440
ab Thirty de	10 C	ITY OR TOWN OF DEAT	ТН	11. NAME OF	HOSPITAL, NURSIN	G HOME OF	OTHER INST	ITUTION	12a USUAL OCCI		12b. KIN	ID OF BUSINESS OR
Party Party	11,53	owson			r Baltimo		dical (Center	Self E			ician
o d d	13a	AL RESIDENCE (IF NURSIN	13b COUN		13t. CITY OR TOWN		13d INSIDE CI	ITY LIMITS?	13e.STREET ADDR	ESS / ZIP CO	ODE	
1 2 1	M	aryland	Balt	imore	Towson		YES 🗌	NO 🔀			egal Dr	. 21204
The same	14 F.	ATHER'S NAME		MIDDLE	LAST			MAIDEN NAM	WE WIE			LAST
73/100	G	avin		MIOOLE	Smith	No. of		lizabet		Ole	T.e	Master
37/ 3/		WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMA			DDRESS		
00 1	N	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	133-20-	7586	Ravii	nond B.	Clift -	came :	e #130	
N 21		18 CAUSE OF DEATH	I Enter or	ly one couse ne			- 10.72	TO IT OF THE PARTY		Banc 6		PROXIMATE INTERVAL
		PART I. DEATH WA	AS CAUSE	D RV	Extensive		inoma.	left 1	ung		95144	EEN ONSET AND DEATH
200			IMMEDIA	TE CAUSE (U)			,		0	-		
e ca Sn, e		Condition II	1	DUE TO, C	R AS A CONSEQUE	NCE OF					55	
may		Conditions, if any, gove rise to imm	ediate	(p)					10000	-		
cren ther		couse (a), stating underlying cause		DUE TO, C	R AS A CONSEQUE	NCE OF						
ed b pleor rial,		PART 2 OTHER SIGN	1515 1217	(c)	0.170.0170.10.10.70.0							
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ny in	CERTIFICATION	19n DATE OF OPERAT	-		ITION FOR WHICH			-	20g AUTOPSY	20h IF	YES WERE FIN	NDINGS USED
hos b rene pr ows or	E S	7/30/86			odenal ulo					IN CEI	RTIFYING CAU	SES OF DEATH?
5 0 5 t	ER	21a. ACCIDENT WAS UNDE				.61	21r HOW IN	ILIBY OCCUPE	YES NO		YES X	ИО 🗌
m 18		OR CONTRIBUTING C	AUSE OF DE	HOUR A	M. MONTH DA	Y YEAR	270.7.0 17	- CALL OCCORR	TEMER MAINE C	A STURY IN HEM	TARE LORPAR	61
rio rrio He He	MEDICAL	(IF EITHER NOTIFY MEDIC			.M. OF INJURY	19	21f LOCATIO	N				
this he bind N	ME	WHILE NOT WHI			REET FACTORY, OFFICE F	ARM ETC)	STREET	// -	CITY	ORTOWN	COUNT	STATE
lith a		AT WORK AT WORK	×			97	20	0.0	0.1	2	0.0	
Med is m	-0	22s.1 certify that (1) (saw the decease		010	ne deceased from	-	30	. 19 <u>86</u>	, to8/		_, 19_86_	/ /
d for		above, (f) (we) (di		t) view the body				(aur) apinian d	death accurred on	the date and		
DIRE Oche Dep	51	22b. SIGNATUR	5 1	1		D	EGREE	TTENDING	MEDICAL	STAFF V		ATE SIGNED
		IV	TUIT	ulle	_		F	PHYSICIAN [HYSICIAN	}	3/4/86
FUNERAL old be det of the Stote		22d PHYS IAN'S NA	1	PRINT)	. W.D		22e ADDRES		1 - 0+			m 0100/
~ 5 ± a		Rudiger	prei	Lenecke	r, M.D.		0/01	N. Cha	rles Str	eet, 1	owson I	1D 21204
≥ € 3 ≤ 1		BURIAL, CREMATION, R	REMOVAL	23b DATE	23t. N	AME OF CE	METERY OR C	REMATORY	23d. LOCATION		4.0	
		remation		8-7-8	6 W	estvi	ew Cren	natory	Balto		COUNTY	Md.
- 16 60M 7/B4		UNERAL DIRECTOR				1050	Jork Da	25a DATI	REC'D. BY REGIS	TRAR 25b. REC	STRAR'S SIG	NATURE
VRA 15, 4)	R	uck Towson	Fune	ral Hom	e, Inc. To	wson,	1d.2120	ALIG	6 1986	guia D	widson-1	andreas
	_							TAUU	- IVVV			



STATE OF MARYLAND

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00-	816	79	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 / 8 3 CERTIFICATE OF DEATH							
				CEASED NAME FIRST	WIDDLE	LAST	20. DA	TE OF DEATH MONTH	DAY YEAR	26 HOURS		
	the section		(117)	LEWIS	S VERNON	COEN	A	OGUST 19,	1986	9: Am		
N	OF OF		1. SE		4 RACE	5 DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR			
10-	4 94		1	MALE	WHITE	10-25-	1901 8	4 YEARS	RS. MONTHS DAYS	HOURS MIN.		
	5 9 5	50		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEV	9. BAL	TIMORE CITY OR COL				
	die enth	2	1	MARYLAND	U.S.	WIDOWED		LTIMORE C	COUNTY	MD.		
	1 24	10	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			F WORK FOR MOST OF WORK	126 KIND (OF BUSINESS OR		
6	\$ 13	20	J	OWSON	ST JOSEPH HO		TITLE	Parmer .		ming		
23	1 55	275	USU.	AL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF		DE CITY LIMITS? 13e STE	REET ADDRESS / ZIP (
(§ a	1 11	30			RFORD Jarrett		NO X 190	6 BELLGU	and DR	21084		
-	量 重	30	14. F/	THER'S NAME	MIDDLE LAST	15. MOTH	ER'S MAIDEN NAME	MIDDLE				
MAS	and	14	1	Lewis	L. Coer	n Li	llian	Jane	Touch	ton		
W	1 37	9 4	160	VAS DECEASED EVER IN U.S.				ADDRESS	Street			
WO	Pog -	B 1	1	. NO , (.	212-32	2-4739 Rob	ert L. Coe	n 3740	Peach O	,		
PRDS, 201 W. PRESTON ST	requires that the death certi- in signed by the attending p Then plause remains carbon	injury, or other troumotic ev	NON	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
AL RECC	The low ion that be if permit	1	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI		YES	□ NOM INC	IF YES, WERE FIND ERTIFYING CAUSE YES	INGS USED S OF DEATH?		
OF VII	KIAN, g physic entitest ishmen	9	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMIL	DEATH HOUR A.M. MONTH	DAY YEAR	V INJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITE	M IS PART I OR PART 2)			
O.	the state of the s	6	(ED)	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCA	ATION	CITY OR TOWN	COUNTY	STATE		
IVIS	D# 14	1	2	WHILE NOT WHILE	(AT HOME, STREET, PACTORY OFFIC	E, FARM EIC)		T 10		3171		
	ATTENDIS septiol or ECTOR At red for use o	m 21 is ma		saw the deceased alive	on not view the body after death.	. 0	my) (aur) opinion death a	curred on the date and		, that (1) (we) last e causes stated E SIGNED		
	TALOR	- N		HHE	Shiladh PE OR PRINT)	122e ADD		CAL STAFF TOR PHYSICIAN	0	19-86		
	FO HOS	IMPORT	40	A.H. GA	YILADI, M	D. 760	OO OSLE		owson	21204		
	//	7.6	23a E	URIAL, CREMATION, REMOV	4 4	C. NAME OF CEMETERY		LOCATION CITY OR TOWN	COUNTY	STATE		
	BP#/	_	24 61	Burial	8/21/1986	Bethel Cer			Harford	Md.		
	DHMH - 16 60 (VRA 15,		M	NERAL DIRECTOR Gladden Ki	urtz Jarret	tsville, N	4 4 4	BY REGISTRAR 25b. RE	GISTRAR'S GIGNA	TURE		

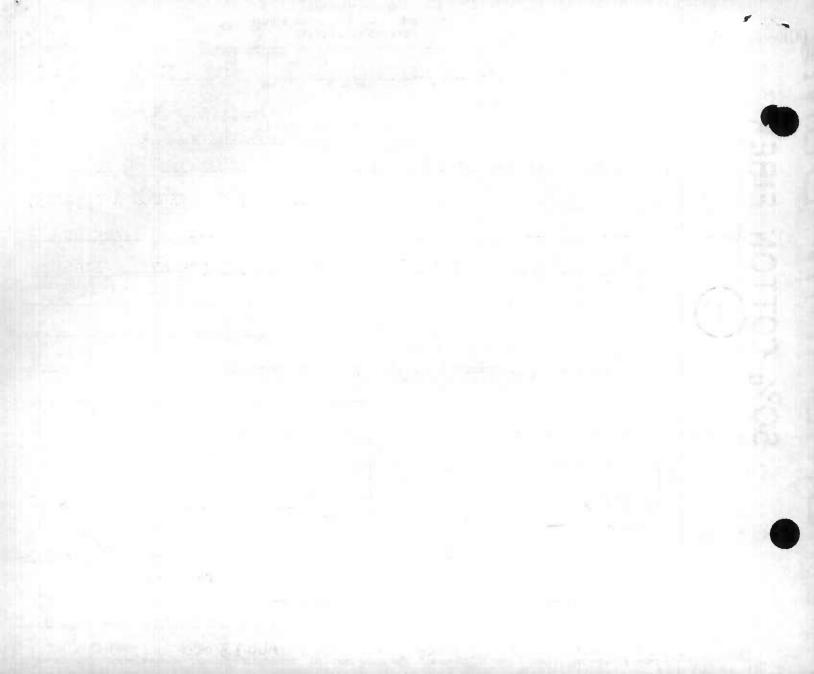
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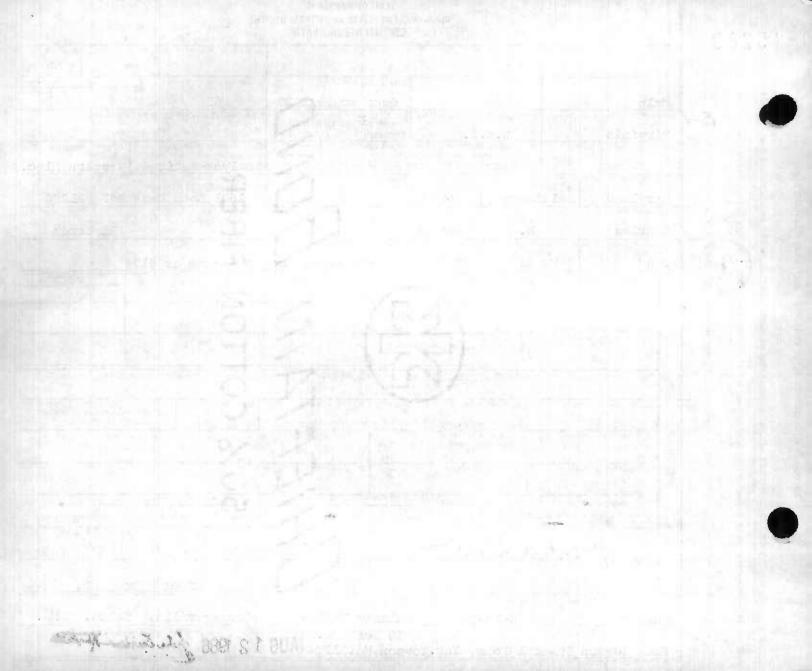
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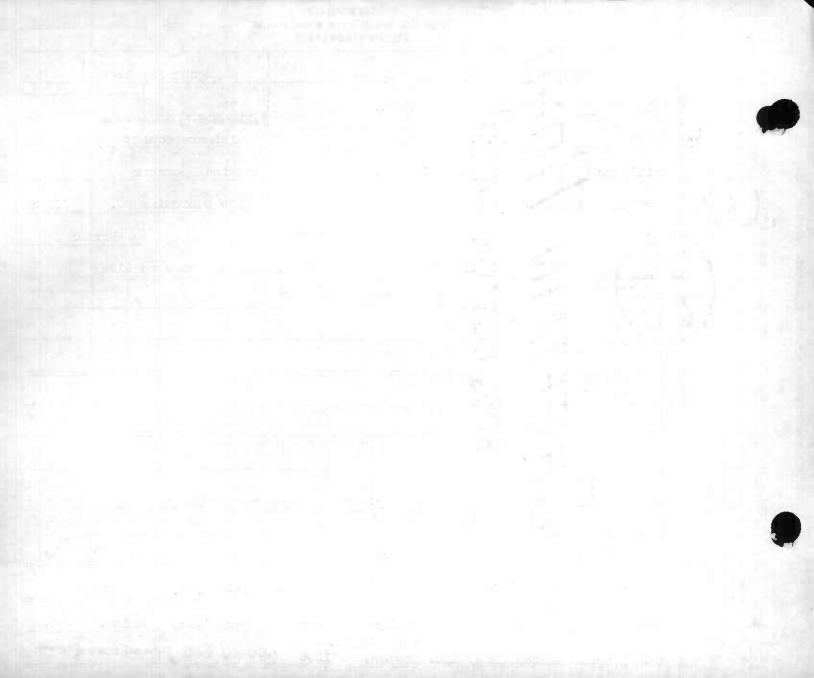
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1-	FOR STATE REGISTRAR			DEP		HEALTH AND MENTAL H	HYGIENS 6	2	1/6	,		
1		EASED NAME	FIRS1	MIDDLE LAST			LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			26 HOUR		
	ITYPE	WILLIAM 4. RACE			T			A	August 22, 1986				
1	3. SEX				L. COUNTS 5 DATE OF BIRTH				6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER				
	Male			White Se		Sept.		77	YRS	MONTHS DAYS			
2.1	THE THPLACE ISLATE OR FOREIGN 76			76 CITIZEN OF WHAT COUNTRY? 8 MARRIE			D MEVER MARRIED			CITY OR COUNTY OF DEATH			
D	_	exas	U.S.			WIDOWED DIVORCED		Baltimore County					
	Baltimore			11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 6129 Dunroming Rd.				TYPE OF WORK FO	120. USUAL OCCUPATION 120. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Machine Operator				
2	USUA 30. S	L RESIDENCE (IF NUR	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)							
	0.1			imore Baltimor			100 11000 0111 0111101		13e.STREET ADDRESS / ZIP CODE 6129 Dunroming				
	-	THER'S NAME	-				15. MOTHER'S MAIDEN		20112011211	J 114.	22209		
Э	J	oshua		MIDDLE	Coun		Victoria		MIDDLE	Bart			
'n	160 W	WAS DECEASED EVER IN U.S. AF		MED FORCES? 166. SOCIA		SECURITY NO.	17 INFORMANT		ADDRESS	Dur con			
	No	ES, NO OR UNKNOWN}	218-01-5585 Florence A. Co				. Counts	Counts - same as #13e					
		18. CAUSE OF DEAT PART I. DE ATH V	WAS CAUSE	D BY:	line for to 1, ()	pi, and ici)	- Part	L+ 0		BETWEEN	MATE INTERVAL ONSET AND DEATH		
		IMMEDIATE CAUSE (a) IT LE CONTROLLE PREMIER CALCINOMEN											
9		DUE TO, OR AS A CONSEQUENCE OF											
1		Canditions, if ony, which (b) (b) (course to immediate course (o), storing the OUR TO OR AS A CONSEQUENCE OF											
		underlying couse last											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
4	CERTIFICATION	190 DATE OF OPERATION 196 COND			TION FOR WHICH OPERATION WAS PERFORMED			100 4117000	CV2 leas IF VI	C MEDE EN IDA			
/1	FIC	148 DATE OF OPERA	MION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED		IN CERTIFYII		WERE FINDINGS USED ING CAUSES OF DEATH?		
Н	E .	21a. ACCIDENT WAS UNDERLYING . 21b. TIME O			E IN HIPY					ES 🗌	NO [
?		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	UKKED (ENTER NATUR	E OF INJURY IN ITEM 18	PART (OR PART 2)			
	MEDICAL	21d. INJURY OCCUR		21e PLACE		19	211 LOCATION						
	ME	W ION D WIN		(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)		STREET		CITY OR TOWN		STATE			
		220.1 certify that (1			decensed for	27	117 198	, to	19/22		that (I) (we) last		
		sow the decea	sed alive an (did) (did no	view the body	alter death	19 <u>00</u> , at	d that in (my) (our) apini	an death occurred o	on the date and ho	ur and fram the	causes stated		
		226. SIGNATURE	,	n	1//	и	DEGREE ATTENDING	GMEDICAL	STAFF	22c. DATE	SIGNED		
		224 PHYSICIAN'S NAME (TYPE OR PRINT) 1224 ADDRESS									5/00		
1		13112	Ha	hn				n. n					
1	23a BU	JRIAL, CREMATION	REMOVAL	23b. DATE		23c NAME OF C	5601 LO	ch Raven		2123	19		
	(5	urial		8-25-	86		nd Cemetery	Parkv	TOWN	Balto.,	Md.		
1		NERAL DIRECTOR		1 0-23-				DATE REC'D BY REG	ISTRAR 256 REGIS	TRAR'S SIGNATI	URE		
	R	uck Towso	n Fune	ral Hom	Ruck Towson Funeral Home, Inc. Towson, Md. 21204 ADDRESS 1050 York Rd. 250 DATE REC'D BY REGISTRAR'S SIGNATURE AUG 27 1986								

Ruck Towson Funeral Home, Inc.

Towson, Md. 21204

DHMH - 16 60M 7/84 (VRA 15, 4)



0.1	١,	FOR			DEPARTMENT OF		MARYLAN H AND ME		YGIENE) 1	7	8	8
94	1-	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFIC	CATE	PDEAT	H "	REG. NO).		1
		CEASED NAME	FIRST		WIDDLE		LAST		20		OWN [MONTH	DAY	YEAR 26. HOL
		,	Jeffre	ey .	Allen	Cr	awford		5.95	DEATH M.	STI-	8/	11/19	86
3	3. SE	K 4 RA	CE	DATE OF BIRTH	6. AGE (IN)	PAYS IF U	NDER 1 YR.	IF UNDER		DATE	D	MONTH	DAY	YEAR 24 HOL
1	Ma	ale Wh	nite	3 6	1959 27	Mon	UA15	HOOKS	MIN FR	DEAD		8/	11/19	86 A
,		IRTHPLACE (STATE O	R	76 CITIZEN OF W	HAT COUNTRY?	8 MARE	RIED NEV	ER MARRI	ED X 9.	BALTIMOR	E CITY O	R COUN	TY OF DEA	TH
		ryland		U.S.A.		WIDOV		DIVORCE		Balti	more	Cour	aty	N
	10 C	ITY OR TOWN OF D	EATH	11. NAME OF HO	SPITAL, NURSING HOA	AE, OR OTI	HER INSTITUT	ION		L OCCUPAT		E OF WORK		OF BUSINESS DUSTRY
1		Dundalk			avanaugh Rd				Auto	Mecha	nic			
7		AL RESIDENCE (IF IN ! TATE	13b. COUNT		13c. CITY OR TOWN	SION)	13d. INSIDE CIT	Y LIMITS?	13e STREET	T ADDRESS				
-80	_	ryland	Balti	more	Dundalk		YES 🗌	NO 🔀		3_Kava	nagh	Road	d	21222
1	14. F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	R'S MAIDE	NAME	MIDDL	E		LAST	
		enry			Crawfor			bara					Ellio	
		WAS DECEASED EVE (ES, NO, OR UNKNOWN)	(IF YES, GIVE W		16b. SOCIAL SECUR		17. INFORM	ANT						ove Roa
	No				215-74-49	90	Yvon	ne Je	enkins	5	Balt	imor	e, MD	
		18 CAUSE OF DEA	ATH (Enter only WAS CAUSED	ane cause per lin BY:	e for (a), (b), and (c).)	10							BETWEEN	XIMATE INTERVAL I ONSET AND DEA
			IMMEDIATE	CAUSE (a)			t Woun	d of	Head					
		Canditions, if	any which	DUE TO, O	R AS A CONSEQUENCE	OF								
		gave rise to	immediate	(b)										
		lying cause las		DUE TO, OI	R AS A CONSEQUENCE	OF								
				(c)										
	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION	GIVEN IN PAI	RT 1 (a),					
1	ATIC	190. DATE OF OPE	RATION	196 COND	ITION FOR WHICH OPE	RATION V	VAS PERFORA	MED?		-3		4	20 AUTO	OPSY?
	E	St. mark		100									YES	₩ NO □
)	CERTIFICATION	210 EXTERNAL CA	7	21b. TIME C		21c. H	OW INJURY	OCCURRE	D SENTER NAT	TURE OF INJURY	IN ITEM 18 P	PART 1 OR PA		11
1		UNDERLYING X	OR CAUSE OF DE		M. MONTH DAY YEA M. 8/ 11/ 198		elf in	flict	ed wo	ound				
	MEDICAL	21d. INJURY OCCU	IRRED	21e PLACE	OF INJURY (AT HOME,	21f. LC	CATION				- 1.3	3 8	3 - 0	74 11 11 11
	E	AT WORK AT	T WHILE WORK		TOINE		3 Dava	naugh		Balt	0. 0		v. Md.	STATE
				of the remains of	escribed obove, held on		osy X.	Inspection		Inquiry [7			
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	23a.B	URIAL, CREMATION	REMOVAL 231	DATE	23c. NAME OF C	EMETERY C		RY	23d. LOCA	ATION		COU	NTY	STATE
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	24. F			ick, Inc.				Se. DATE R	EC'D. BY RE	EGISTRAR		STRAR'S S		
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STATE OF MARYLAND

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	poge poger dec	3 SE		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	rs office	10	Female	White		Au	gust 7, 1902	83	YRS.	DATS	MIN.
	nerol dire.		IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.		WIDOWE		9 BALTIMORE CITY O Baltim	ore Co	unty	MD.
10	by the fu	1	Ruxton	Manor	c Care Nu	rsing	Home Ruxton	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
ND 212	24 hour		AL RESIDENCE (IF NURSING HOME OF STATE 131) COU	OR OTHER INSTITUTION JINTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Baltimo	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4210 Par	zip code kside	Drive	21206
MARYLA	mplerick and 2 str	A) IL F	ATHER'S NAME FIRST John	MIDDLE	Huff		15. MOTHER'S MAIDEN NA. Martha	MIDDLE	Ainsw	orth	51
ORE,	nd co	7 160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDRI		W.11 (14 0401.7
TIM	ion o	T	10		216-48-		Mr. John A.	Cress 3/12	Prum		CIMATE INTERVAL ONSET AND DEATH
L. BA	physic npape mavol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY: ATE CAUSE (o)	ACUTE	M42	CARDIAL 1	NFARCTIO	N		F HOUR
, 201 W. PRESTON	ires that the death ce gned by the ottending n please remove carb burial, cremation, or r ry, or other troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQU	ENCE OF				N IN PART 1	YEARS
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DIVISION OF VITAL RECORDS	CIAN: The physicion principle of the principle of the physicion of the physicion of the physician of the phy	A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A		AY YEAR	21c. HOW INJURY OCCUR				
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ā	AirzhDIN rospital or ECTOR Afr ed for use o st. of Health		22a. I certify that (I) (this has saw the deceased alive above, (I) methods (did 22b. SIGNATURE	on 6-	24- 19	86,00	nd that in (my) come opinion	death occurred on the o			that (1) (we) last a causes stated
	HOSPITAL OR FUNERAL DIR FUNERAL DIR Old be detach orthe State Der	/	Claytten 22d. PHYSICIAN'S NAME (TYP	h, feg	eten,	M. D	22e ADDRESS	MEDICAL STA			4-86
	O HOSP etorned TO FUNI should b with the		Dr. Carlton		M.D.			oward Stree	t Bal	timore	, Md.
		230.	BURIAL, CREMATION, REMOVA	Aug. 6			EMETERY OR CREMATORY Land Memorial	23d LOCATION CITY OR TOWN Relt	imore	COUNTY	yland
7	DHMH - 16 60M 7/B4 (VRA 15, 4)		FUNERAL DIRECTOR Leonard J. Ruc				250 DA	TE REC'D. BY REGISTRAF			<u>v</u>
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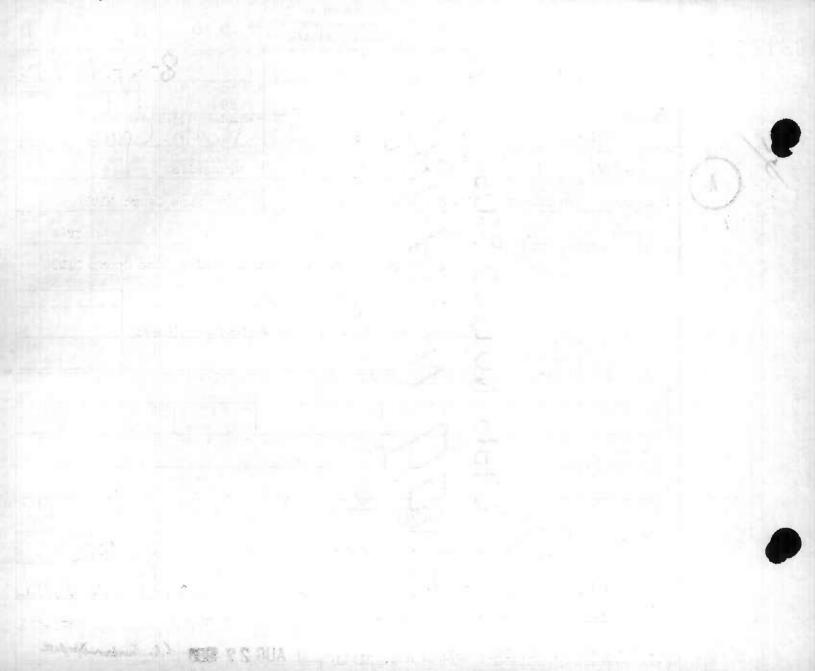
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12 1:48am IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR National Bank 13. STREET ADDRESS / ZIP CODE 2012 Summit Avenue 21207 Caster 5307 Pembroke Avenue HEPATIC FAILURE 2NDARY TO FULMINANT HEPATITIS B PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 COUNTY STATE 86 and that in (my) (aur) apinian deoth accurred an the date and haur and from the couses stated 22c DAJE SIGNED 22d. PHYSICIAN'S NAME (TYPE OR PRINT) DR JOUBERT GBMC-6701 N. CHARLES ST., TOWSON 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN COUNTY Burial 8/16/86 Druid Ridge Cemetery Balto Md Co 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE March Funeral Home West 4300 Wabash Avenue

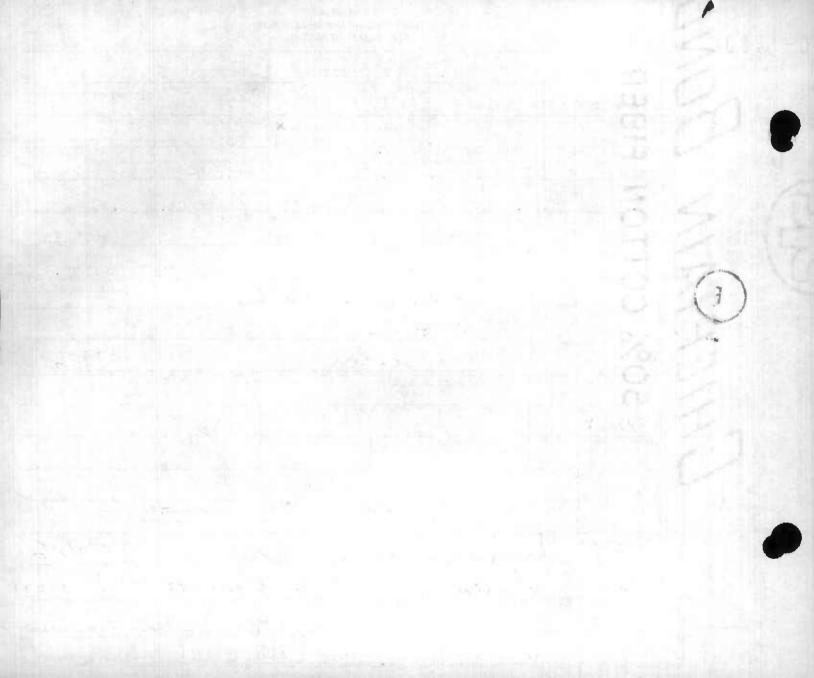
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STATE OF MARYLAND



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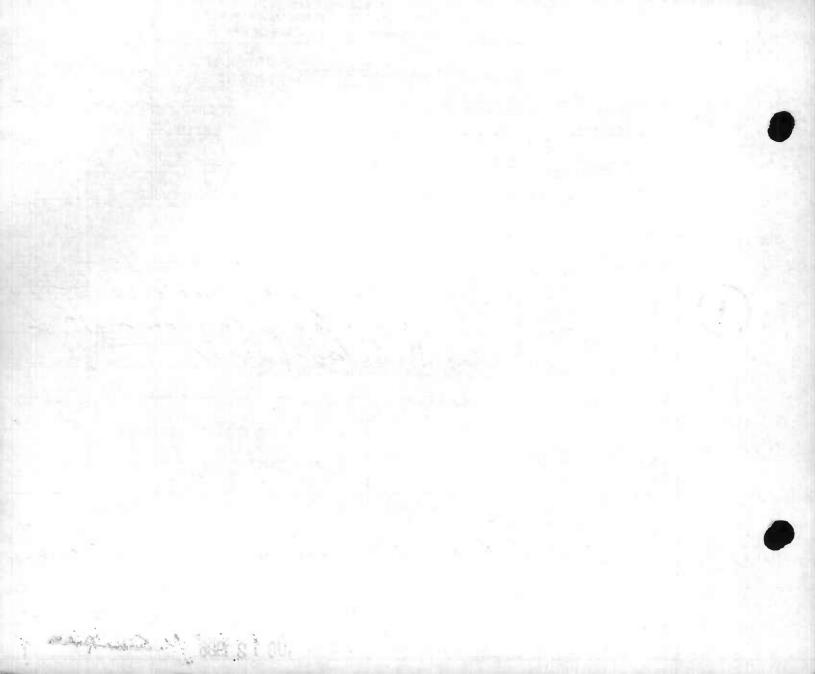


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w .: .: o. ·	LIAI	PE OR PRINT)	Manle	Ja	ffery	Charci	van ao	0	TH MATED	8-2	1986	
EAS TOR TOR Seet	3 SE	X	Mark Mark	5. DATE OF BIRTH		GE (IN YEARS IF U	CANCE				DAY YEAR	2d HOUR
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FUNECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES, WITHIN 72 HOURS ON W PARSTON STREET.	7 a. B	RTHPLACE (5) PREIGH COHNTRY) Va	TATE OR	76. CITIZEN OF WH		MARI	RIED NEVER MAR	RIED (nmore cury o altimore	and the same of th		AAD
FLAY IS N TO THE FU TO THE FU PAGE 5	10. C	ITY OR TOWN		11. NAME OF HOSE (IF NOT IN SUCH FAC	ILITY, GIVE STREET	IG HOME, OR OT	HER INSTITUTION	120 USUAL OC	CUPATION ITYPE	OF WORK 12b	OR INDUSTR	SINESS
- See	USUL	TOWSON		Greater OR OTHER INSTITUTION, GIV			ical Center				2425	
21201 FANY C AND 3 CETAN PECONI		Md.	Bal	1TY	Balte	TOWN	YES NOX		ORESS Cock	teysvil Byron	lle2103 La.	0
BALTIMORE, MD. S. ATTER DATH. III. GIVE PAGES 1. 2. THE FORW-RM. 3. PAGES 1. AND ASSIVED OF MEAL.	14 F.	ATHER'S NAME FIRST Bady		MIDDLE	Currance	ce	Vanda	DEN NAME	MIDDLE	Prit	LAST	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ATE, WRITING THE WORD." PENDING." IN PENCIL IN TERPORARDED TO THE CHIEF MEDICAL EXAMINER A DR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FRESTATE DEPARTMENT OF HEALTH AND MENTAL IN CHIEF MEDIZAL EXAMINER A DR. PAGE 13 SHOULD BE USED AS A BURIAL - TRANSIT FRESTATE DEPARTMENT OF HEALTH AND MENTAL IN CHIEF MEDIZAL PRIOR TO BURIAL, CREMATION, OR REMOVAL	-	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION GIVEN IN F	'ART 1 (o),		1		
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PARE POR	3	22a. I certi	fy that Hook charg	ge of the remains desc			psy XX, Inspecti	on , Inqu	iry . and	d in my opinio	on	
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AL EXAMINER: 1 HE CERTIFICATE, 1 HOULD BE FORW AL DIRECTOR: F TH. WITH PREST		ACTUAL SIGNATURE.	Rece	w/	heer	13/116	Assistan	MEDICAL EX	AMINER	DATE SIGNED_	8-3-8	16
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CREMATION, OR	CERTIFICATION	PART 2 OTHER SIGN 19a. DATE OF O	IFICANT CONDITIONS	CONTRIBUTING TO DEATH I	/	ATEO TO THE TERM				1 (a).	e		20. AUT	OPSY?
4	Ē												YES	
3	CAL		OR G CAUSE OF D		MONTH	19			OCCURRED	(ENTERN	ATURE OF INJURY II	N ITEM 18 PART I	1 OR PART 2)	
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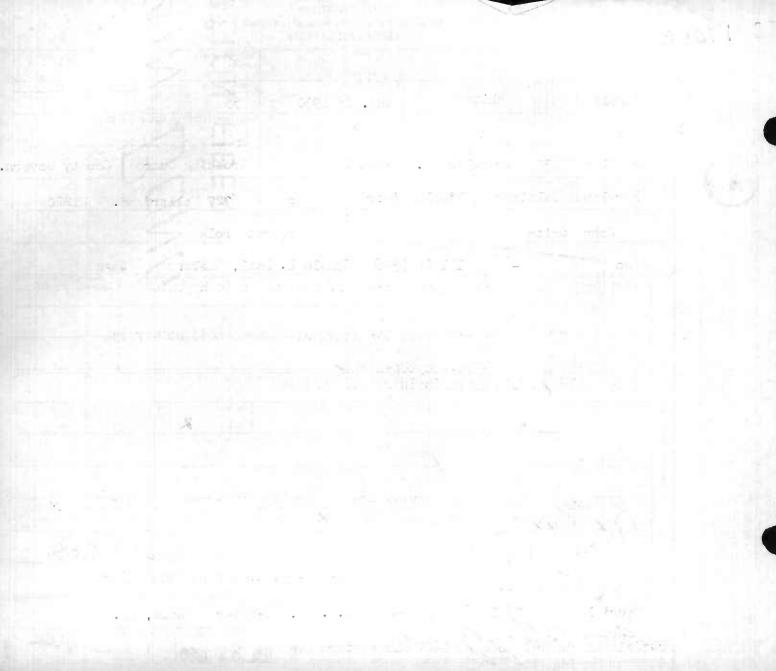


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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\$ B	3. SE	Female	P RA	White	e	Aug.	DAY YEAR	6. AGE (IN YEARS LAST BE	RTHDAY)	ONIHS DAYS	HOURS MIN
Pones	7s. B	RTHPLACE (STATE OR FO	OREIGN 76 C	ITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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130	13a. S	AL RESIDENCE III NURSIN STATE Maryland	Baltin	more	IS CITY OF TOWN	River	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 6727 Mal	/ ZIP CODE	ld. 2	1220
/ Schille		ATHER'S NAME FIRST John	Smith	LE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
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the race		YES, NO OR UNKNOWN)	(11 123, 0112 1111	-	171 24	3546	Ronald L. D	ahl, Husban	nd	Same	IMATE INTERVAL ONSET AND DEATH
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ar Item 18 shaws any injury, ar ather	MEDICAL CERTIFICATION	Conditions, if any, gove rise to imme cause (a), storing underlying cause PART 2 OTHER SIGN ACUTE NON 198 DATE OF OPERATI 218. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUT	which ediate the last life (CAN CONT MID NO VI) IFICAN CONT MID NO VI IFICAN CONT MID NO	DUE TO, OR (b) Ge DUE TO, OR (c) Th DILIONS CO 19h CONDIT 21h. TIME OF HOUR AA P.A. 21e. PLACE C	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	CUlar ENCE OF OPERATIO AY YEAR 19	Accident Sub a SOFELATE ISTESTERN N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES URY IN ITEM 18. PAI	WERE FINDING CAUSES	NGS USED OF DEATH?
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 15- 0

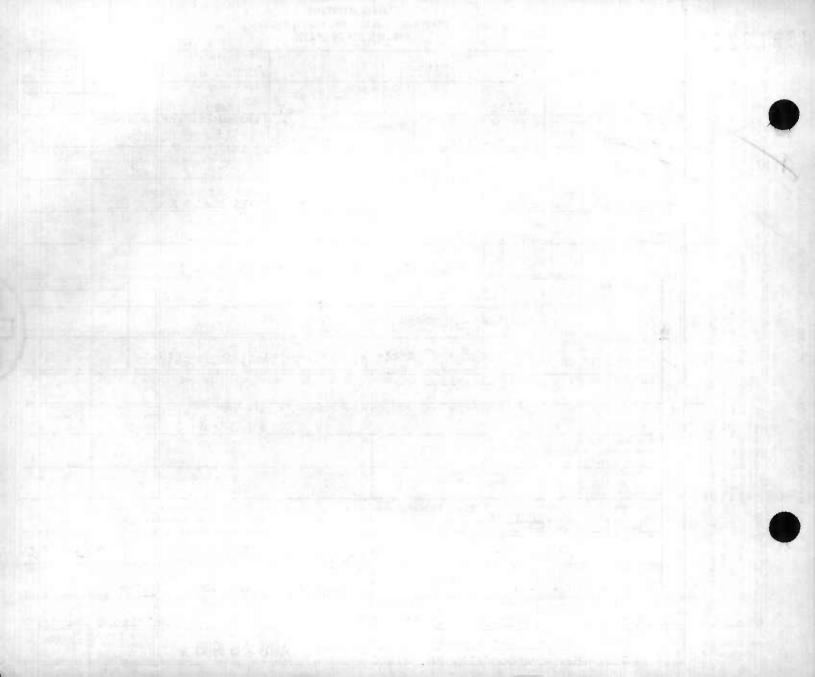
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	by be		Evelu		Daniels	8.25.81	233AM
	after p	3. SE	remale	White	5. DATE OF BIRTH MONTH T N S S S S S S S S S S S S		IF UNDER 1 YEAR IF UNDER 24 HRS
-	1 12 9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
			WD	USA	WIDOWED DIVORCED	Towson	ND.
/	1 1 5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P	SALTO	ST JOSEP	on Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
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	complex (and w		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTE E WAR OF DATES	R TOA JRITY NO. 17 INFORMANT	ADDRESS	BEHR
BALTIMORE	2 52 4	0		22074	7743 FAMILY	RECORDS	
	C		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), of D BY: E CAUSE (a) (A)			APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH MINUTES
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	that d by lease ral, cr		underlying couse last.	DUE TO, OR AS A CONSEQU		on	days.
SDS.	sign Then to b	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT KELATED TO THE TERM	WIN AL DISEASE OR CONDITION GIV	EN IN PART TIO
I RECOI	has been to permit to permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	NO TO
DIVISION OF VITAL RECORDS, 201	physical phy		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	
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ō			22a I certify that (1) (this haspi sow the deceased alive on	to) ottended the deceased from 19	86 , and that in (my) (cur) opinion	death occurred on the date and hou	19_66, that (1) we lost rand from the couses stated
	TAL CX ATTEN y the hospital RAL DIRECTOR detached for u tote Dept. of He		22b. SIGNATURE W	(annise)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 1	8/25/86
	TO HOSPITAL retained by th TO FUNERAL should be deti with the State IMPORTANT:		32d PHY JOHN γ	Nannisi H			
			BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
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STATE OF MARYLAND

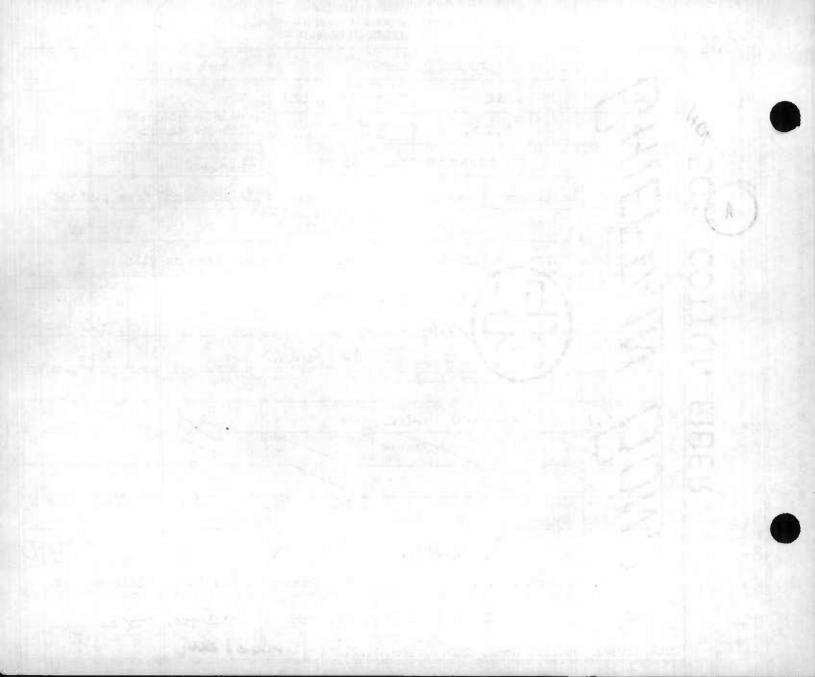
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

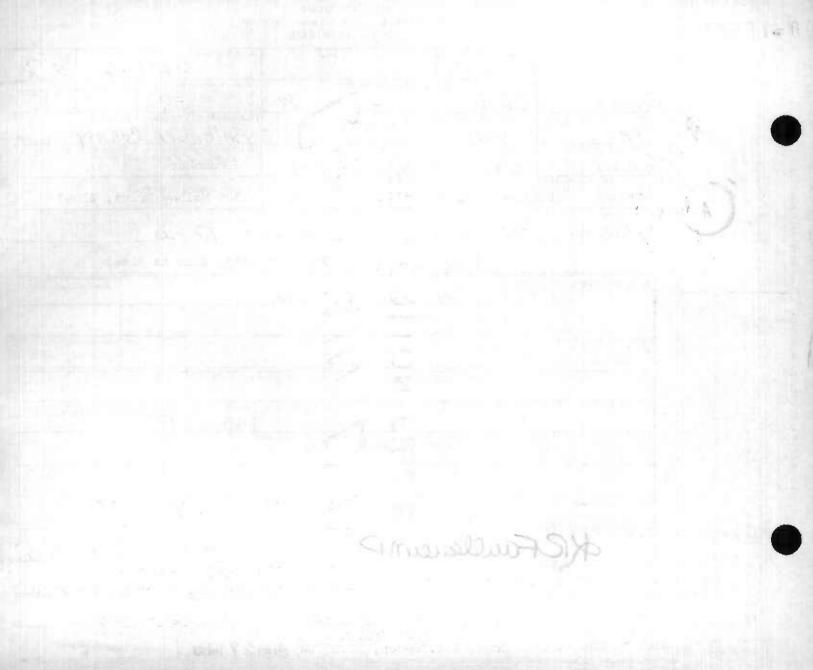
- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. NO.		29483
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3. SEX Male	4 RACE Whit	:e		of Birth Euary 1916	6 AGE (IN YEARS LAST BIRTHDAY) 70 YR	IF UNDER TYEAR	IF UNDER 24 HRS
70 BIRTHPLACE (STATE OR FO	U.S	WHAT COUNTRY?	MARRIE		Baltimore Cour		MD.
Towson	514 ^N 8	tevenson	Lane,		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Plumber		OF BUSINESS OR
	is home or other institution is county Baltimore	13c CITY OR TOW TOWSON	E ADMISSION) /N	YES NO K	514 Stevenson	Lane , 2	21204
Michael	MIDDLE	DeFeo		Lucille	WIDDLE	Imperi	al
160 WAS DECEASED EVER II	(IF YE WILL OR DATES)	216-10-4		Mrs. Alta De	ADDRESS Preo, same as	#13e	
PART I. DE ATH WA	(Enter only one cause possible CAUSED BY: MMEDIATE CAUSE (a)		ratory	anes		BETWEEN	MATE INTERVAL ONSET AND DEATH
Canditions, if any, gave rise to immediate (a), stating underlying cause	which Ibi_	OR AS A CONSEQUE	ENCE OF	Too bronch	ń	2d	
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OR COLUMNIA LINE AND	TUSE OF DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NAT	18 PART OR PART 2)	
IF EITHER NOTIFIED IN THE PROPERTY OF THE PROP	E T RESIDE S	FACTORY, OFFICE, F	FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	this hospital) attended to dialize an d)(did not) view the bad		De	nd that in (my) (aur) apinian	death accurred on the date and	haur and from the	that (I) (we) last couses stated
226. SIGNATURE	De	4 Millon	ugal	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	SIGNED/ 23/86
22d PHYSICIAN'S NAI Dan H. M	ME (TYPE OR PRINT) McDougal, M.	.D.	0	Good Samari	itan Hospital, B	altimore	, Md.
230. BURIAL, CREMATION, R (SPECIFY) Burial	EMOVAL 236 DATE 8- 2			emetery or crematory and Mem. Park	23d LOCATION CITYOR TOWN Baltimore,	COUNTY	STATE
24 FUNERAL DIRECTOR NAME Ruck Towson E	Tuneral Home			. K Ru.	TE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNAT	Speller of

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/84 (VRA 15, 4)

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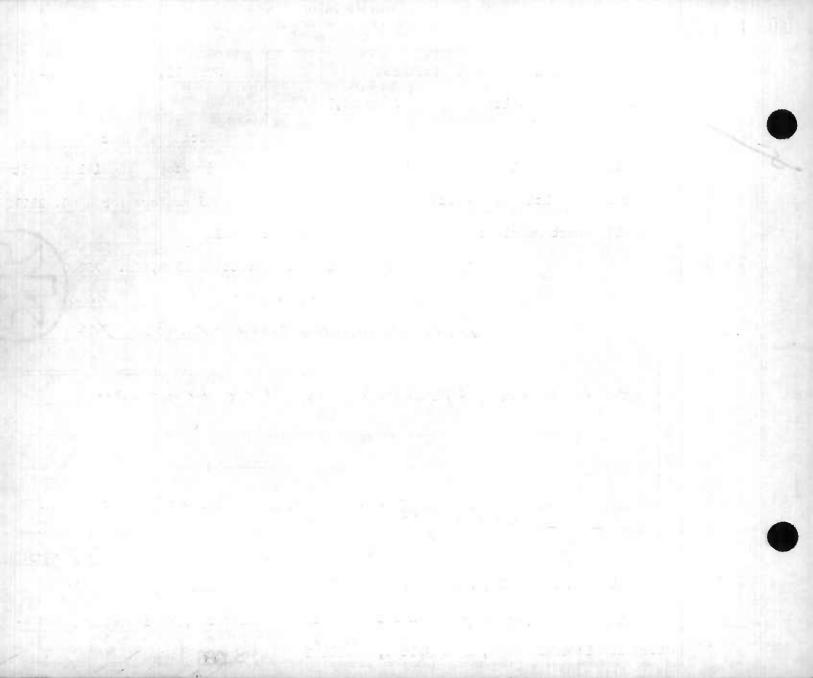




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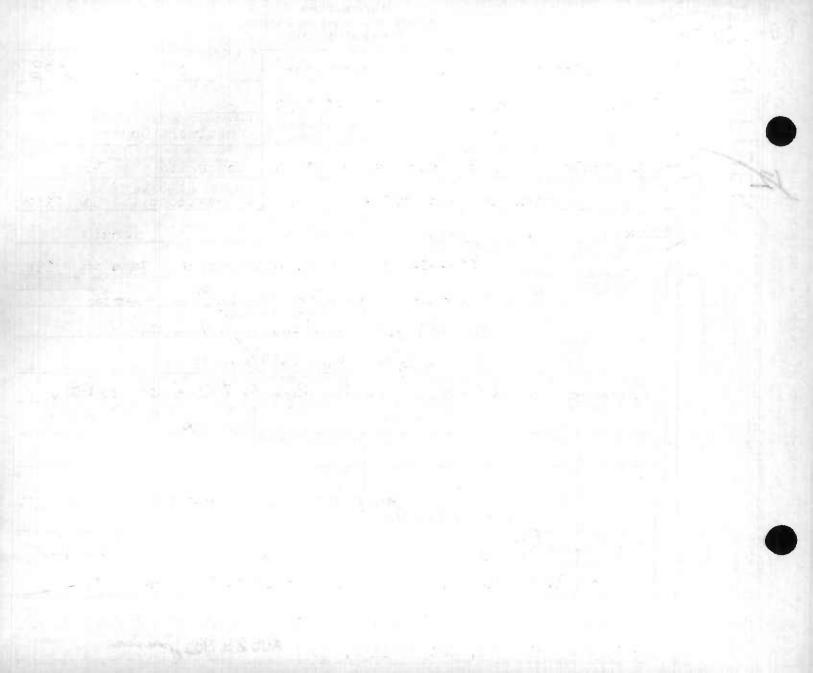
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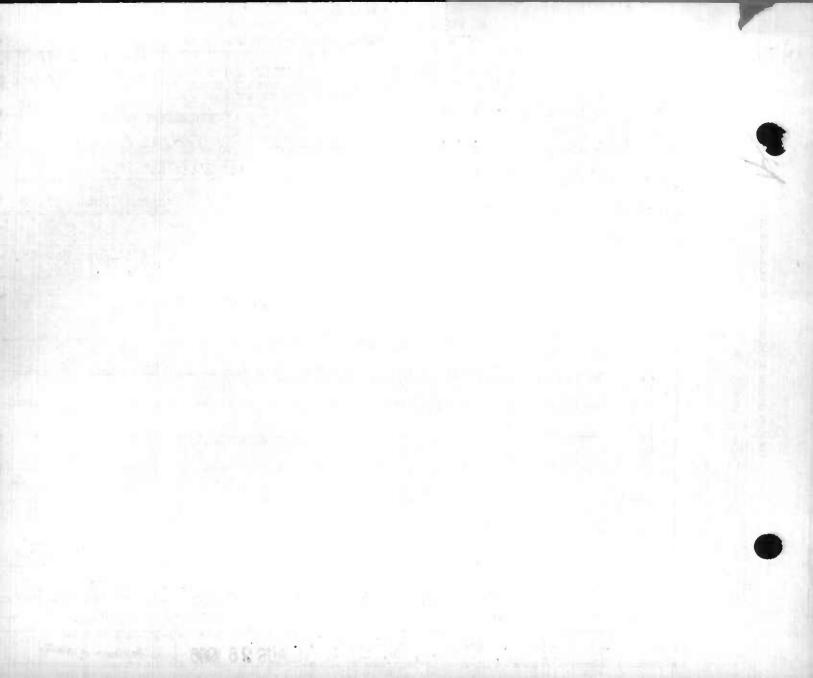


MacNabb Funeral Home, Catonsville, MD

(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-CHARLES EDWARD DOTTER DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 3 SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED Black 1938 Male Dec. DEAD YRS 019875 Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED Pennsulvania U.S.A. DIVORCED X WIDOWED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 26. KIND OF BUSINESS Commercial Art Director Catonsville Stayman Court ND 2 SHOULD B 21201 13e. STREET ADDRESS 4 C Stayman Court Catonsville 3a STATE 13d. INSIDE CITY LIMITS? Baltimore Maruland YES NO X M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME IB. GIVE PAGES 1,
WITH FORM PM
IT. PAGES (AND 2)
DIVISION OF VITE MIDDLE MIDDLE unknown Ethel Cox unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 5382 Fall River Row Ct. (YES, NO, OR UNKNOWN) FIF YES, GIVE WAR OR DATES! 162-30-2178 Janice Warden Columbia. MD. No 21044 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which EXAMINER gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-1 HEALTH AND MEN AL, CREMATION, C lying cause last MEDICAL EXA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION RED TO THE CHIEF A E 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR WRITING THE UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY LATHOME. 214 IN JURY OCCURRED 21f. LOCATION FORWARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTORE, PAFIER DEATH WITH THE STANDARD, MARYLAND, 2 220. I certify that I tack charge af the remains described above, held an Autapsy Inspection and in my apinian death resulted from Natural causes Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CREMATION 8/25/86 WESTVIEW MEMORIAL PARK Leroy M. & Russell C. Witzke Funeral Homes 5555 Twin Knolls Road, Columbia, MD. 21045 **DHMH-17** (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20. DATE OF DEATH MONTH LTYPE OR PRINTI Annis James Duff August 10, 1986 :55 A M 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH Female 15, 1904 Caucasian April BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Canada USA Baltimore County WIDOWED X DIVORCED [O. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY Randallstown Meridian Nursing Center Editor Viking Press 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3903 Buckingham Rd. Maryland Baltimore Baltimore 21207 NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Howell James Sarah Nimmo Lucy ADDRESS MD 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Pikesville 166 SOCIAL SECURITY NO 21208 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 098-26-5049 Mrs. Deirdre Kildow 4774 Byron Rd. 18. CAUSE OF DEATH (Enter only one cause per line torica), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CODMISSIONING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STATE WHILE NOT WHILE JU15 22a.1 certify that (1) this hospital) attended the deceased from sow the deceased alive on 7.23 (my (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death ATTENDING A PHYSICIAN [

BP DHMH - 16 60M 7/84

00

Cremation

23a BURIAL, CREMATION, REMOVAL 8-11-86 23¢ NAME OF CEMETERY OR CREMATORY Westview Crematory

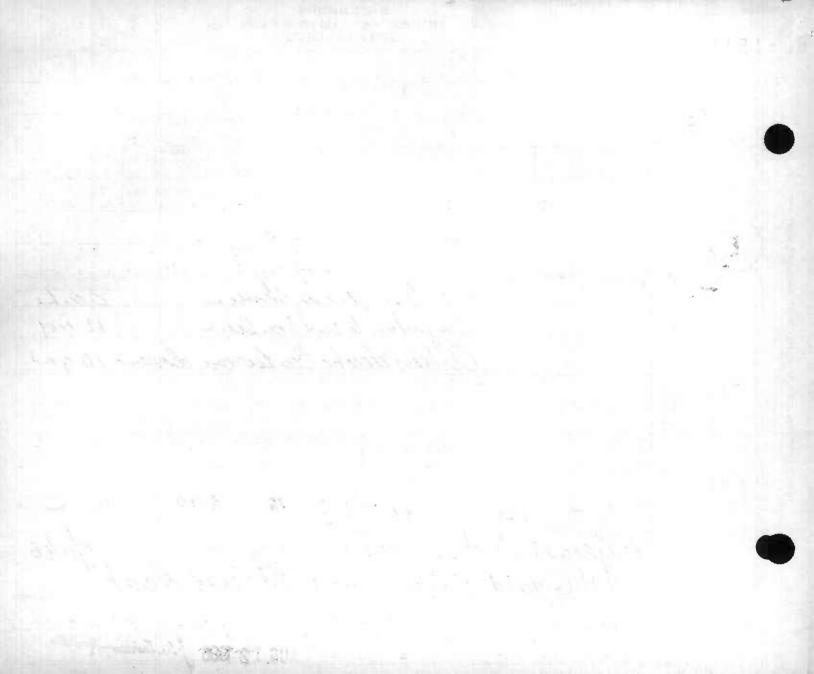
23d LOCATION

Catonsville Baltimore

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, INC 8728 Liberty Rd. Randallstown, MD 21133

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)



STATE OF MARYLAND

LAST

5 DATE OF BIRTH

MONTH

DUKE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH YEAR 26 HOUR 8:00A 86 & AGE (IN YEARS LAST BIRTHDAY) IE UNDER I YEAR IF UNDER 24 HRS YEAR 83 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

16 02 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED WIDOWED -

DAY

DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Shipyard Pipe Fitter 13e.STREET ADDRESS / ZIP CODE

5311 Overhill Rd.

5311 Overhill Road

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1336. COUNTY
1317. CITY OR TOWN 13c. CITY OR TOWN Woodlawn

MIDDLE

WHITE

U.S.A.

PRITTOW

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

5311 Overhill Road

LAST

Duke

IAL SOCIAL SECURITY NO

13d INSIDE CITY LIMITS? NO X 15 MOTHER'S MAIDEN NAME

17 INFORMANT

MIDDLE Drucilla

Woodard

126 KIND OF BUSINESS OR

21207

21207

APPROXIMATE INTERVAL BETWEEN ONSE WIND DEATH

216-05-6821 David L. Duke 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

avelovascular IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Hutericsclevotic

Frances

DUE TO, OR AS A CONSEQUENCE OF Value PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19 16

Atrual M 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

COUNTY

86

71n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION

Conditions, if ony, which gove rise to immediate couse (a), stating

underlying couse

FOR

REGISTRAR

MALE

M. BIRTHPLACE (STATE OF FOREIGN

18 CITY OR TOWN OF DEATH

Woodlawn

FIRST

FRANK

136 COUNTY

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Baltimore

MIDDLE

Thomas

4. RACE

DECEASED NAME

- STATE

TYPE OR PRINTS

COUNTRY

Maryland 4 FATHER'S NAME

NO

John

YES NO OR UNKNOWN)

Virginia

3 SEX

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ?)

NO

and that in (a) (aur) opinion death accurred on the date and hour and from the causes stated

(IE EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 718 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE WHILE

220.1 certify that (1) (this hospital) attended the deceased from.

21f LOCATION CITY OR TOWN

YES

STATE

NO [

sow the deceased alive an_ obove, dis (we) (did) (did not) view the body after death. 22b. SIGNAJUR

DEGREE

October

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL CREMATION, REMOVAL

Cremation

man

22e ADDRESS

Herman Brecher 23b DATE

8/19/86

6410 Windsor Mill Road 23t NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Security Process Crematory Catonsville Baltimore

24 FUNERAL DIRECTOR

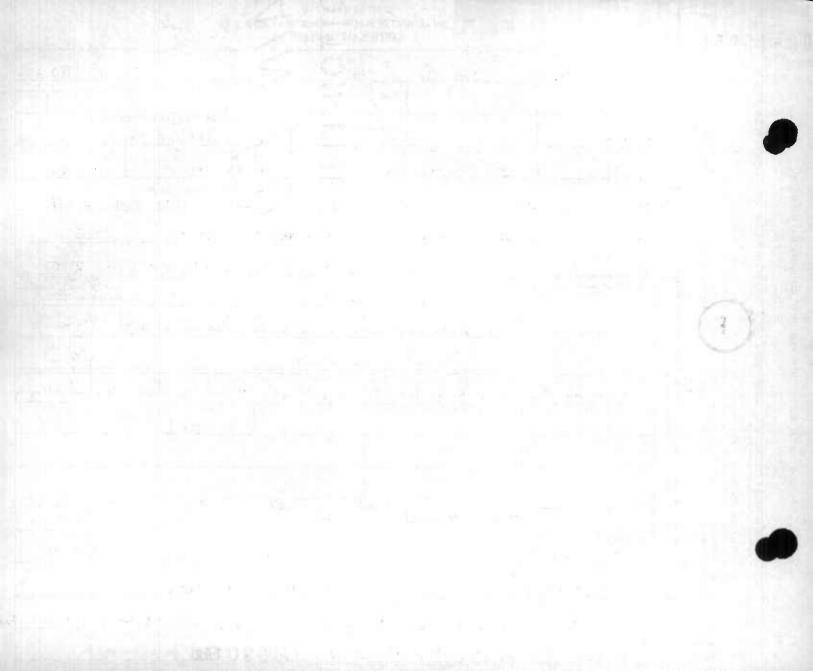
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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE whice Davider Francisco

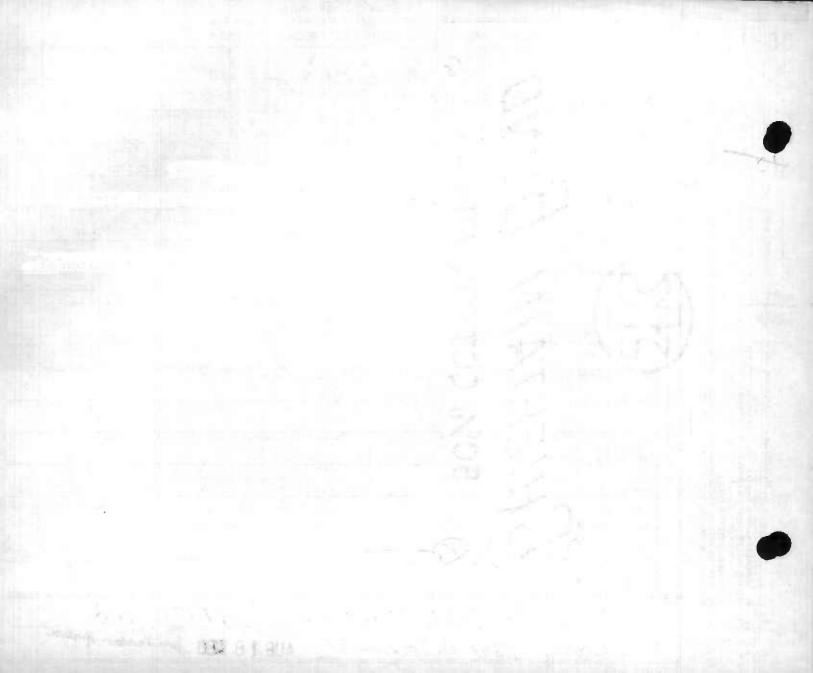
DHMH - 16 60M 7/84

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)



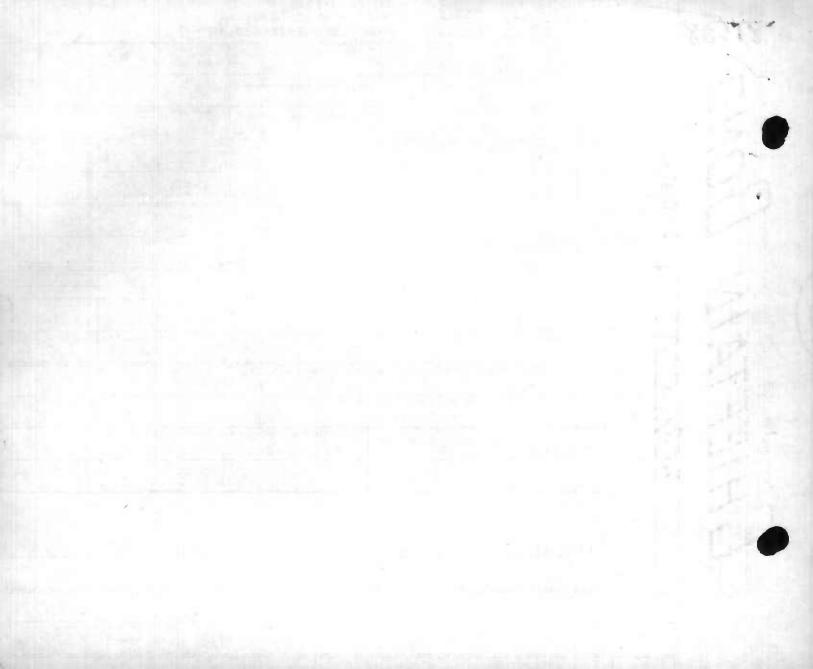
ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ATE OF DEATH REGISTRAR REG. NO. 4 I. DECEASED NAME 20 DATE KNOWN X [TYPE OR PRINT] OF IS NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET, 5 LAWRENCE DEATH MATED DYE 8 15 1986 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE 10:50 P M PRONOUNCED 0-DEAD 1986 7a. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MICL DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS A 3. RETAIN PAGE 2 SHOULD BE FILE TAL RECORDS 201 FOR MOST OF WORKING LIFE) OR INDUSTRY Woodlawn 5703 Pembroke Ave. Computer Operator USUAL RESIDENCE LIF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 130 STREET ADDRESS 13d INSIDE CRY LIMITS? α 5703 Pembroke Ave 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, 2 WITH FORM PM 3 LAST MIDDLI MIDDLE Willia Dye Janie Tomey 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 371-52-9898 Edna Dye 5703 Pembroke Ave. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) MEDICAL EXAMINER ALONG WAS A BURIAL-TRANSIT PERMIT. W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wounds of head (unspecified weapon) USED AS A BURIAL - TRANSIT PERI OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFFED DATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, DIVISION OF VITAL YES SE NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR Z OR UNDERLYING MEDICAL 10:15 8-15-CONTRIBUTING CAUSE OF DEATH 19 86 Subject shot. 21e PLACE OF INJURY JATHOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE 5703 Pembroke Ave., Woodlawn, Baltimore, home MD 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Homicide X death resulted Iron Natural causes Undetermined monner TITLE (SPECIFY) Chief Deputy DATE 8-16-86 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD Ann M. Dixon, M.D. 21201 (TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY BP 07/84 25M 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



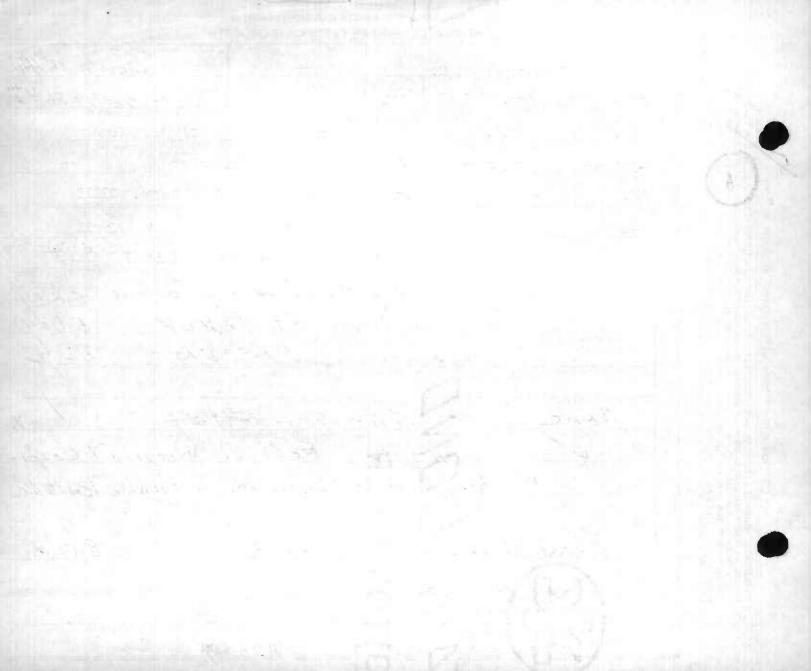
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25	- CALAREN	HICATION	19a. DATE OF	OPERATION	19b. CO	NDITION FOR	WHICH OPE	RATION W	AS PERFORMED)?				7B A1	TOPSY?	
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ECESSA D	3	Balto.,		76 CITIZEN OF WH		MARRIED XNEVE	ER MARRIED 9		or county of DEA	
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21201 ANY DE	PETAIN, COULD BY			OR OTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Balto.	1134 INSIDE CITY	LIMITS? 13e STREE	T ADDRESS	Ave. 21206	er cau.
DEATH. IF	200	Alber	t Hen		Severinsen	15. MOTHER FIRS	orothea	WIDDLE	Fock	e
ALTIMO	AGES AGES INSION	160 WAS DECEAS (YES, NO, OR UNK) NO	SED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	213-32-9804			ADDRES 7, 5930 Ma	ss arluth Ave	. 21206
DS, 201 W. PRESTON ST.	AL EXAM STEED AND A BURRAL TO NOT PERMIT AND A BURRAL TO NOT PERMOVAL.	Condit gave cause lying c	DEATH WAS CAUSED IMMEDIA ions, if any, which rise to immediate a) stating the <u>under-</u> ause last	TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	for (a), (b), and (c).) erebral An AS A CONSEQUENCE O 1 a d e quate 1 duction o AS A CONSEQUENCE O	Oxygenat f Anesth	esia	ng	APPK BETWEE	ÖXMA TE INTERVAL N ONSET AND DEATH
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DIVISION OF	ROED TO THE CHIEF WAS AS SHOULD BE USED A E DEPARTMENT OF HEAD I PRIOR TO BURIAL, CON PRIOR TO BURIAL, CONTRA TO BURIAL, CONTRA TO BURIAL, CONTRA TO BURIAL, CONTRA TO THE	UNDERLY IN CONTRIBU	OF TIME CAUSE OF I	DEATH ? P.M. 21e PLACE C	MONTH DAY YEAR 7 9 1986 OF INJURY (AT HOME. ORY, FARM, ETC.) S D 1 t a 1		Induction St.	on of An Joseph'	esthesia s Hospita	a I STATE
H	SHOULD BE FORWARD FILE OF THE STATE COSE MANY TAND, 21201		rtify that I took charg	ge of the remains desc	cribed obove, held an Accident X, Suic	de , Homicid		Inquiry , o	Baltimore and in my opinion , DATE SIGNED 8-	e, Md.
O MED	PAGE 4	EXAMINER (TYPE OR P	RINT) VVII	liam M. Z		ADDRESS	11 Penn S		., Md. 21	201
07/84 BE	263	Buria]		8-30-86		of Faith Co	em. Bal	to.	Balto.,	
D	HMH - 17 A15 ME (5))	John C.		nc., 6415	Belair Rd.	21206	SEP 2 1	986	GISTRAR'S SIGNATUR	1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) DEATH MATED Ebert Margaret AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY Jan. 12 1895 White DEAD Female 91 YRS To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED U.S.A. Baltimore County Md. WIDOWED & DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS homemaker Baltimore Joseph Hospital 13a. STATE N36 COUNTY Baltimore 2847 Lake Ave. 13d INSIDE CITY LIMITS? 21213 Md. YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Small Julianna Grill Frank WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3405 Echodale Ave. YES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) Keller (niece) 212-74-8795 Bernadine 21214 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN CHOPS AND DEADS PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A TONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a DRWARDED TO THE CHIEF MI R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA ID, 21201 PRIOR TO BORIAL, CI 190 DATE OF OPERATION 19b. CONDITION FOR WHILL PERATION WAS PERFORMED? 20. AUTOPSY? 210 EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING DEAUSE OF DEATH 21d INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Accident C death resulted fram: Natural causes Suicide Hamicide Undetermined manner PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, N EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 8/21/86 Holy Redeemer Cemetery BP Burial Balto 24 FUNERAL DI Schimunek Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1. Invident Parpelle (VR A15 ME (5)) 3331 Brehms Lane, Balto. Md.21213 20M 4/82

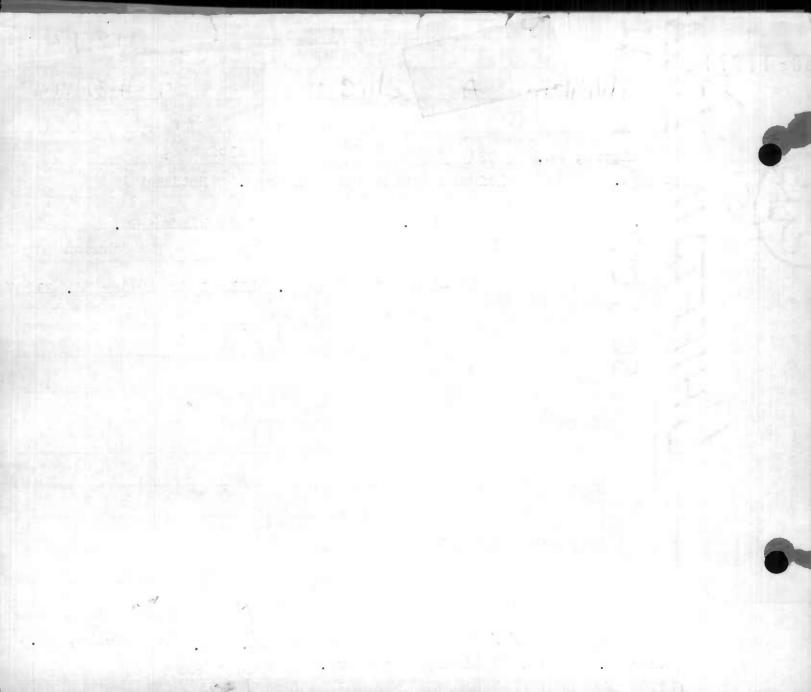


atonsville Md

LeroyM. & Russell C. Witzke

(VRA 15, 4)

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e e =	1 DECEASED NAME (TYPE OR PRINT)	FIRST	DLE	LAST		DAY YEAR 25 HOUR A.M			
nay be poge 3	3 SEX	MOLLIE 4. RACE	5. DA	ELY TE OF BIRTH	AUGUST 26, 198	9:20 M			
ge 4 r	FEMALE	WHITE		AY 19,1901	85 YRS	MONTHS DAYS HOURS MIN			
P Pour 2 Pour	To. BIRTHPLACE (STATE OR FOR		AT COUNTRY? 8	RIED EN NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
deot hin 7	NEW YORK	USA		DIVORCED DIVORCED AE OR OTHER INSTITUTION	BALTIMORE COUNTY	NTY MD.			
s often	PIKESVILLE		ILLE NURSI		(TYPE OF WORK FOR MOST OF WORKING LIF	INDUSTRY HOME			
ND 212	MARYLAND	3h COUNTY 13	E RESIDENCE BEFORE ADMISS COTY OR TOWN RANDALLSTO	1134 INSIDE CITY LIMITS2	13. STREET ADDRESS / ZIP CODE 3801 SCHNAPER I	APT. 425 DR. #21133			
RY BA	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAST			
E, MA	ISAAC		SHNER B. SOCIAL SECURITY N	ANNA 17 INFORMANT	ADDRESS	PEARL			
MORE Pages		(IF YES, GIVE WAR OR DATES)	220-46-671	MRS	SANDRA COLEMAN	MD 21133			
ne death certificate e attending physici move corbon poper mation, or removal.	Conditions, if ony, gove rise to imme	DUE TO, OR A	ard lop		ovest structive and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
es that the ned by the please returned, cree	PART 2 OTHER SIGNI	underlying couse lost (c) Kestrictive Luns Disease							
AL RECORDS, he low required on hos been signification. There prior to be to be a series prior	SR V CV C	DN 196 CONDITIO	ON FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
N OF VITAL SICIAN: The ng physicion certifications is ented Hygier item?	OR CONTRIBUTION TO CA	USE OF DEATH HOUR A.M.	MONTH DAY YE	AR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	'ART I OR PART 2)			
NG PHYSICIAN: The offending physician the cartificate has state this certificate has the burial-tronsit prond Mental Hygien than deapt them 8 shourded or them 8 shou	VIE EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 21e PLACE OF		211 LOCATION	CITY OR TOWN	COUNTY STATE			
TENDIN pital or TOR: Afr for use a of Health	220.1 certify that (1) to sow the deceased	his hospital) attended the d	19 \$ 6	17-7-	death occurred on the date and hou	19, thot(we) lost or and from the causes stated			
TAL OR A y the hosy RAL DIREC detoched fore Dept.	226. SIGNATURE	Tg. SCan	w .		MEDICAL STAFF	221. DATE SIGNED			
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote MAPORTANT:	22d SHYSICIAN'S NAM	(herm	A17	220 ADDRESS +620 (1)	berty Plaza	alstown 21/33			
ВР	230 BURIAL, CREMATION, RE (SPECIFY) BURIAL	AUG.27,	1986 OHEB	SHALOM MEM. PA		BALTO. MD			
DHMH - 16 60M 7/84 (VRA 15, 4)	6010 REISTER	SOL LEVINSON STOWN RD. BA	LTO., MD	21215 25a DAT	E REC'D. BY REGISTRAR 250: REGIST 1986	RARS SIGNATURE COM			

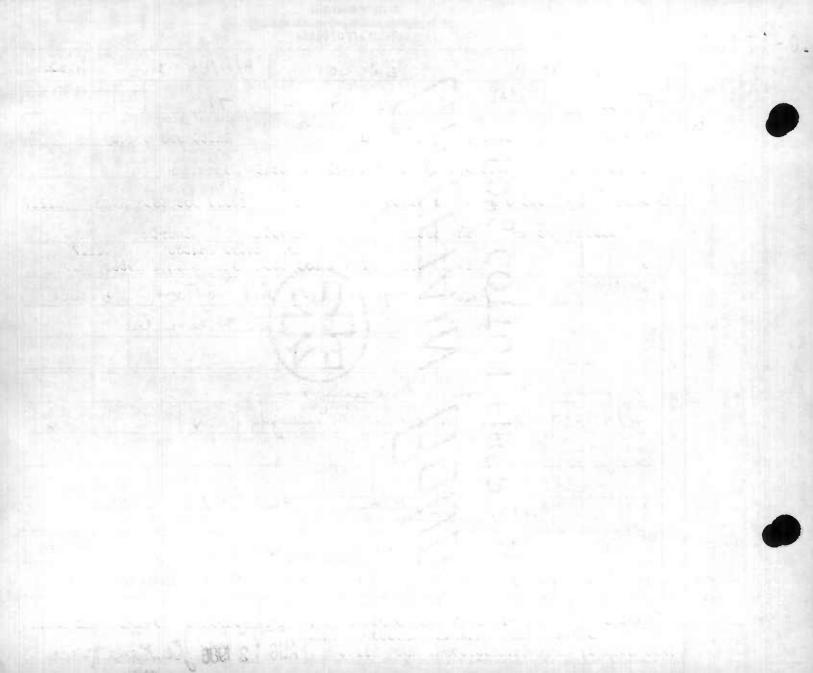
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8728 Liberty Road Randallstown, MD. 21133

FOR

DHMH - 16 60M 7/84

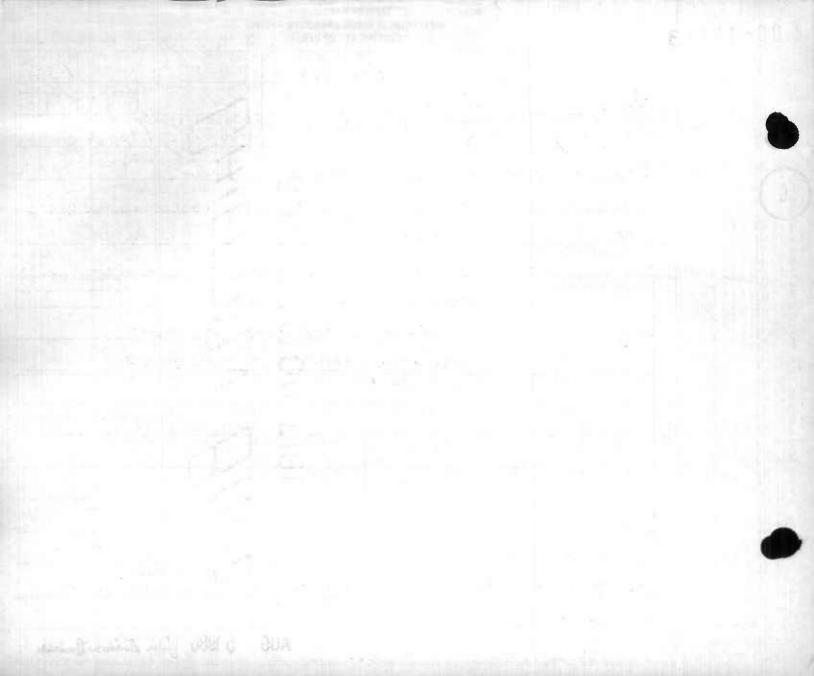
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	14. F.	ATHER'S NAME				15. MOTHER'S MAIDE		U Herit	age Lan	e 21014
2	PF	rank	WIDDLE	Savalo	ro	Mary		WIDDLE	Machi	LAST
		WAS DECEASED EVER IN	U.S. ARMED FORCES			17. INFORMANT		ADDRESS	Hachi	O
2 dicol		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		40 04 5					
0		V	WWII			9 Mrs. J	ohanne	Favalo	ro - Sa	me as #1
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e < e			MMEDIATE CAUSE (0)	CARDIO	KESP	INHTORY	ARRE	5/		
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ation, or traumatic		Conditions, if ony,		BROWS	HOGEN	IC CARCI	NOMA	OLY ME	TASTASIS	
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to the			lost.	PERIC	ARDIAL	EFFUSIO	N BULE	METAS	TASIS	
ury, ar		PART 2. OTHER SIGNIE	FICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITI	ON GIVEN IN PAR	tl Iro
2	O N									
10	18	190 DATE OF OPERATION	ON 196 CON	DITION FOR WH	ICH OPERATIO	WAS PERFORMED	20a A	UTOPSY? 20	Db. IF YES, WERE FIN	NDINGS USED
11	Ē	11.1725					YES		YES [NO [
1 t	CERTIFICATION	210. ACCIDENT WAS UNDER	11010	OF INJURY	DAY WELD	21c. HOW INJURY O	CCURRED (ENTE	R NATURE OF INJURY IN	TEM 18 PART 1 OR PAR	(1 2)
0	¥	OR CONTRIBUTING CAL	USE OF DEATH	A.M. MONTH P.M.	DAY YEAR					
1	MEDICAL	21d. INJURY OCCURRE	D 21e, PLAC	CE OF INJURY	-0.3	211 LOCATION				
7 /	Z	WHILE NOT WHILE	TAT HOME	STREET, FACTORY, OFFI	ICE, FARM, ETC }	STREET		CITY OR TOWN	COUNT	TY STATE
HOM	1	220.1 certify that (I) (t	his haspital) attended	the deceased fro		, 19	to		. 19	, that (I) (we) last
		saw the deceased	olive on	19		d that in (my) (our) of		urred on the date		, , ,
Ě	10	obove, (1) (we) (did	d) (did not) view the bo	dy ofter death		DEGREE				DATE SIGNED
		CA	0 11		90000	ATTEND	NG MEDIC	AL STAFF		
2-	1	Educar	col, Jay	ig		PHYSICI		OR PHYSICIAN		3-1-86
PORTAN		22d PHYSICIAN'S NAM		1116		77e ADDRESS 5	T. JOSE	PH HOSY	PITAL	
1		EDUARDO		YUG		1620 YOR	K RD.	: BHIT.	· MD. 2	1384
2 .	23a	BURIAL, CREMATION, RE	EMOVAL 23b. DATE	2	36 NAME OF C	EMETERY OR CREMAT	ORY 23d. LC	OCATION CITY OR TOWN	COUNTY	STATE
-	-	Remova	1 8-1-	-86						
OM 7/84	24 F	UNERAL DIRECTOR		ADDRES	55	25	A PATE REC'D	TOPE TRAR 256	REGISTRAR'S SIG	NATURE
4)			omy Board			., Md.	AUU Y	min Am	tia Dividers	v. Congress



-15917	1	FOR STATE REGISTRAR			DEPARTA	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH		2	8 2	U
noy be poge 3 er deoth	1. DE	CEASED NAME E OR PRINT) Mar	nie	Lee	FAW		AST	August 1		DAY YEAR	26. HOUR 3:40p AA
rtor.	3. SE	x Female		RACE White			5. 8 1907 YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY}	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
eoth. Pog		RTHPLACE (STATE OR F. COUNTRY) orth Caroli		b. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CIT Baltii	YOR COUNTY		МГ
by the furtilized with		SSVILLE 21		Franki	HOSPITAL, NURSIN	G HOME O	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION IST OF WORKING LIFE	12b. KIND O INDUSTRY	F BUSINESS OR
filled in could be	130 1	ALRESIDENCE (IF NURS) STATE aryland	13h COUN.	other institution TY 1 more	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRE 1608 Da	ss / ZIP CODE rtford	Rd. Apt	A 212
1 1030	14. F.	ATHER'S NAME FIRST Shade	Bake	riddie r	LAST		15. MOTHER'S MAIDEN NAME SUSAN			LAS	
and and a		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	212 26 7		Cecil Faw,		Same		
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DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral pirector uzozinski	Funer	al Home	7 1467	ora i	Eastern Ave AU	E REC'D. BY REGISTR	ARTH HEGISTE		

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DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Avenue

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

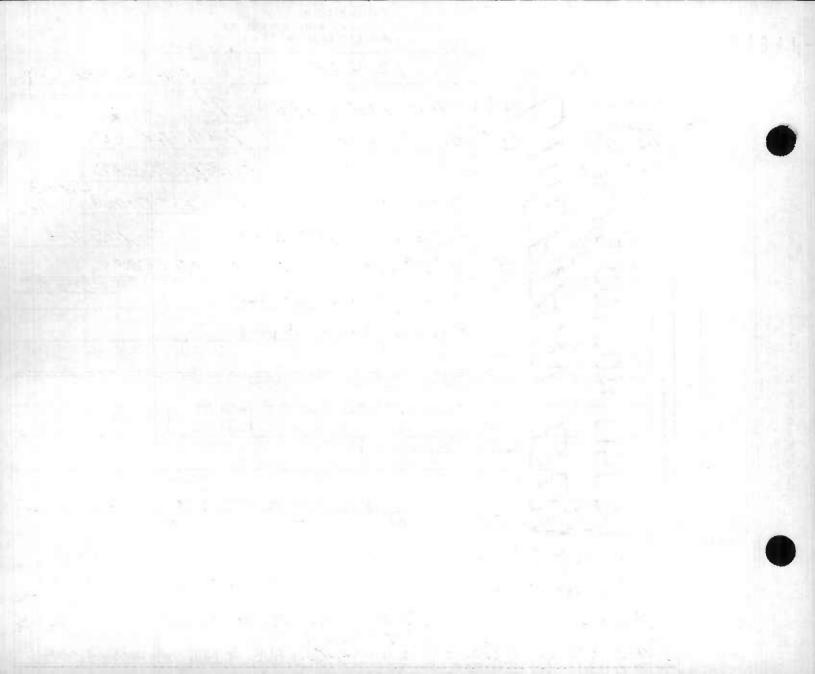
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V	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NU	RSING HOME O	R OTHER INSTI	IUTION	176 USUAL OCCUPAT			F BUSINESS OR	
2	E	Baltimore	- N			eritage	Nurs	ing.	Housewife		1110001111		
4	13a. S	AL RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE B		Center 13d INSIDE CIT		13e STREET ADDRESS	/ 7IP CO	DE		
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/		VAS DECEASED EVER		ED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMAN	IT	ADDR	ESS			
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1	2	NOT WH	RK R			1							
1		22s I certify that (I)			e deceased fro	6.1	19	. 19	_ to true	2		that (I) (we) lost	
1		sow the decease above, (I) (we) (c	ed alive on did) (did nat)	view the body	alter death.	19 <u>86</u> , on	d that in (my) (aur) apinian d	death accurred an the c	date and h	out and Iram the	couses stated	
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1	33	22d. PHYSICIAN'S NA	AME TYPE OR				22e ADDRESS		A				
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1		SPECIFY)	REMOVAL	236 DATE		73c NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE	
	Bu	rial		8/30/1		Sacred H	Heart of		Dundalk		ltimore	Maryland	
1	24 FL	INERAL DIRECTORDI	ıda-Ru	ck,;Inc	ADDR	F55		250. DATE	REC'D. BY REGISTRAL	256 REG	STRAR'S SIGNAT	phondesse	
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Dundalk, Maryland

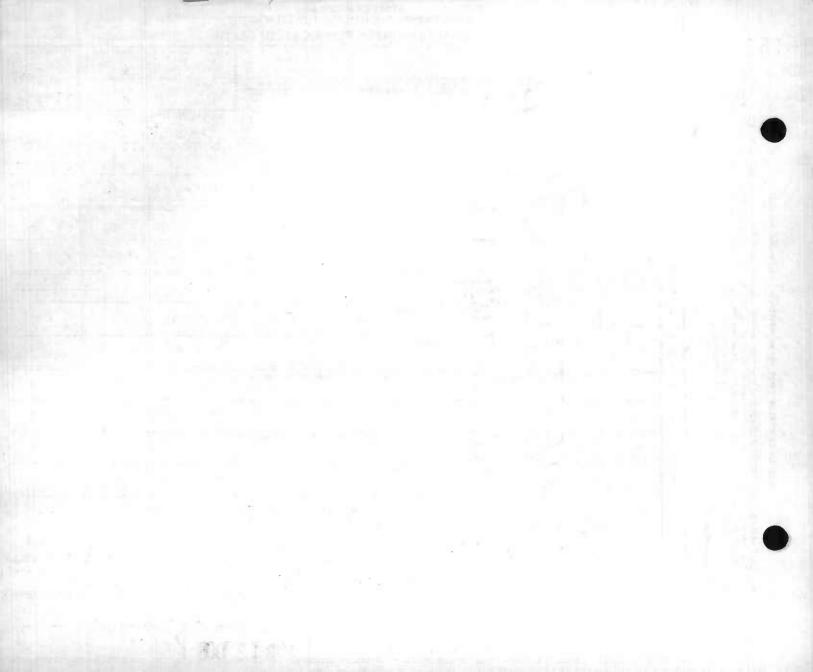
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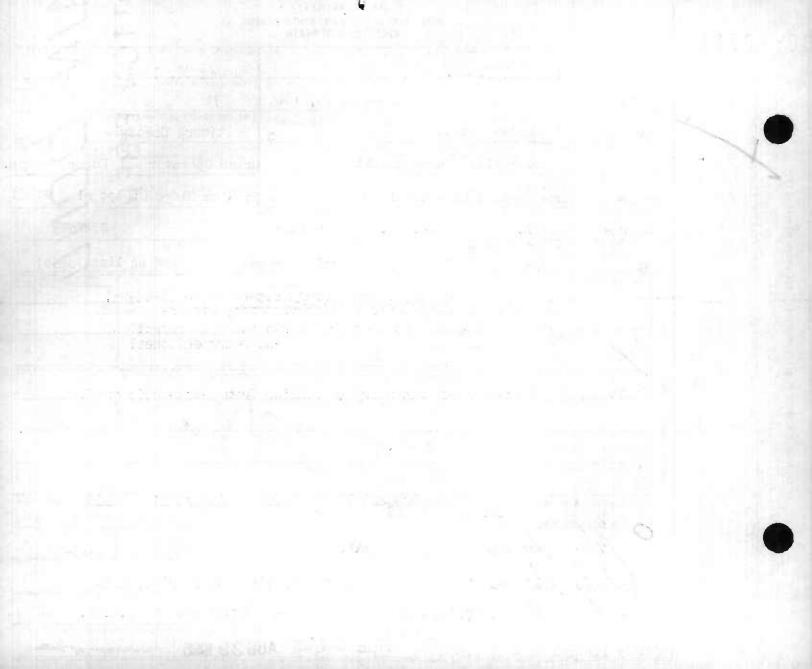


Thomas A.Fogus Thomas A.Fogus] -	FOR STATE					MENT OF	HEALT		ENTAL H	W	-	2	1 6	3 2.	along
Thomas A. Fogus Sex Crace S. Date of Berth Mary M		I. DE	CEASED NAME	FIRST		ME		LAMIN	EK 3		CATEU	_	2a. DATE	KNOWN (-	DAY Y	
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186. WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Tanget 1988 Molecular 18. CAUSE OF DEATH (Enter only one cause pulse for (g), (h), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH (Enter only one cause pulse for (g), (h), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF STATE IMMEDIATE CAUSE OF CONTROL OF STATE IMMEDIATE CAUSE OF STATE IMMEDIATE CAUSE OF CONTROL OF CONTROL OF STATE IMMEDIATE CAUSE OF CONTROL OF CONTROL OF CONTROL OF STATE IMMEDIATE CAUSE OF CONTROL OF CONT			FIRST	gus	MIDDLE			LAST		IS MOTH	ER'S MAIDE	NNAME					
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220. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from , Natural Coules , Accident , Suicide . Homicide , Undetermined manner , ACTUAL SIGNATURE , M.D. VO VY MEDICAL EXAMINER SIGNED BULL TO NAT L PROPERTY COUNTY ADDRESS 5550 BALTO NAT L PROPERTY COUNTY STATE CYCEMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE CYCEMATION 8/13/86 Westview Cemetery Catonsville, Baltimore, Md. 24. FUNERAL DIRECTOR 125e. DATE REC'D. BY REGISTRAR'S SIGNATURE		MEDI	21d. INJURY OC	CURRED	21								CITY OR TOV	WN	со	UNTY	STATE
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n -	16754		FOR STATE REGISTRAR				CERTIF	DOF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		2. 1 reg. no.	3 2	23 A 76 19
0	m f		CEASED NAME OR PRINT)	FIRST	M	IDDLE		AST	20 DATE OF D	EATH MONTH	DAY YEAR	26. HOUR
	y be oge 3 deoth		Ge	orge FRAN	VK.	Jr.			August	24, 198		9.40 AM
	a po	3. SE		4 RACE			5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	ge 4	1	Male	Whi	te		Janu	ary 29, 1915	71	YRS.		
	4 100		RTHPLACE (STATE OR FO COUNTRY) aryland			tates	MARRIE WIDOWI	D NEVER MARRIED DIVORCED		city or count		MD.
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ND 212	1	13a :		ig some or other inst us county Anne Arun	2 7	Give residence before 13a. CITY OR TOW Glen Bur	N .	13d INSIDE CITY LIMITS? YES NO 🔯	13e STREET AD 55 Glen	DRESS / ZIP COD Ridge C	E Apt A	21061
MARYLAND 2120	mplerely ond 2	7 5	THER'S NAME FIRST George	MIDDLE L.		Frank,	Sr.	15. MOTHER'S MAIDEN NA/ Hattie		MIDDLE	Swe	eney
3	ond co		VAS DECEASED EVER II	U.S. ARMED FOR		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
BALTIMORE	Pog Pog	1	No	N/A	Wiesi	217 .09 4	27	Virginia Fra	nk	(Same as	s lime	13a-e)
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/ITA	physicion. Ifficate hos I-tronsit per oil Hygiene	E.	21a. ACCIDENT WAS UND			FINJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM 18	PART I OR PART 2)	
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ā	R ATTENDIN hospital or RECTOR: Aft red for use or ppt. of Health rem 21 is mor		22a.1 certify that (X) saw the decease	this hospital) atter d alive an AUGL d) (did not) view th	ISt	e deceased from 1 24 19	Augus 86	nd that in (n) (aur) apinian	-	JUST 24 on the date and ho		, that (we) last e causes stated
	the hard of the hard of the Dep te Dep I. If the		ALL ON	D Puis M	ø.	oner dedm.		DEGREE MO. ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		4-86
	ro Hospital retained by to FUNERAL should be det with the State		ALFONS	Roiz	(4)	•		9000 Frankli			21237	
	BP		(SPECIFY) Burial	EMOVAL 236. D				oss Cemetery	Baltin	nore	A.A.Co.	
	DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director NAME Cully Funer	al Home	Of F		Mound Tesad	tain no.		SISTRAR 256. REGIS	TRAR'S SIGNA	



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12502	1.	FOR STATE REGISTRAR	DEPART	1 8 2	0			
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1 11		HELI	EN	FRI	UHLING	7/26/86	ALC: N	7 PM
100	3.56	Female	4. RACE White	5. DATE OF	BIRTH . 22, 1900	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	HOURS MIN.
177	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Poland	76 CITIZEN OF WHAT COUNTRY Poland	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUR Baltimore		MD.
1190	10 C	Parkville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Perring Par	NG HOME OR TADDRESS) NU	other institution rsing Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	12b KIND OI INDUSTRY	F BUSINESS OR
(143)5	13a S	STATE 13b. COUN	timore Parkvi	NN 1	3d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CO	oreland A	ve. 2123
11030	14. F/	Leon	Grzego:	rzak	MOTHER'S MAIDEN NA	rda MIDDLE	Popia	cki.
be execu-		VAS DECEASED EVER IN U.S. AR YES NO.OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 215–28-		7 INFORMANT Patricia H.	Vogt 7801 Dani		21234
requires that the death sen signed by the attend of Then phease remove as on the band cremation, a on they, or other trauman	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	DEATH BUT N	unh		GIVEN IN PART 110 YES, WERE FIND IN	COLU
The loss of the lo	RTIFICA					YES NO IN CE	RTIFYING CAUSES YES []	OF DEATH?
ELAN. g physical certifical malifical med from	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ALIN .	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
one die	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		STREET	CITY OR TOWN	COUNTY	STATE
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O HOSPITA Hould be de Although the Stot MPORTANT	7	THE PHYLICIAN'S NAME (TYPE O	ORPRINT)	200	270. ADDRESS			/(30.
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			METERY OR CREMATORY Sary Cemetes	23d LOCATION CITY OF TOWN	COUMary	land
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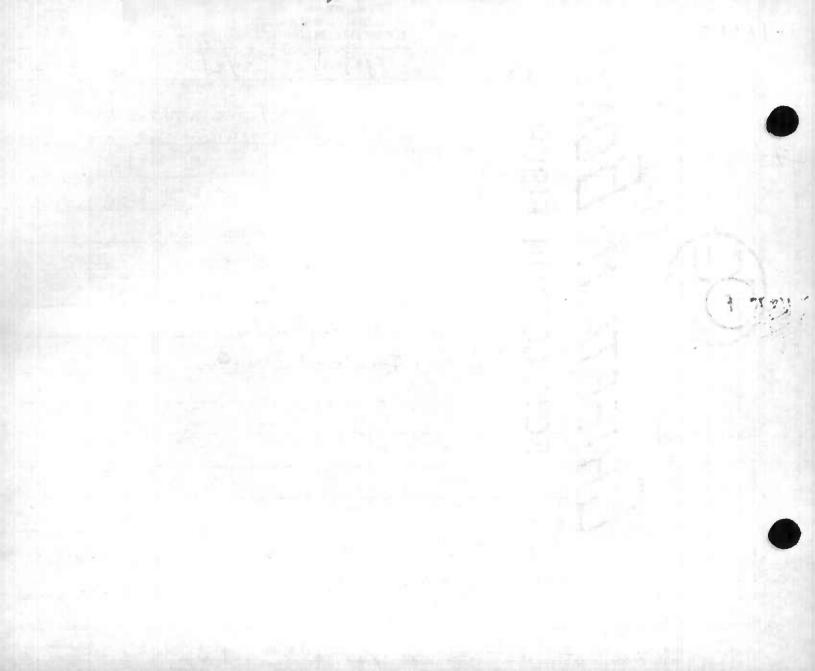
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-15602 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME KNOWN IX 7a DATE TYPE OR PRINTS ESTI-DEATH MATED 19 86 GREGORY I. GALLTHER 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 3-5-56 30 DEAD Male White 19 86 L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Assemblyman G.M. Rt. 702 no. of Eastern Ave. Essex ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 8200 N. Boundary Rd. 21222 Maryland Baltimore Essex 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Galliher LaVerna C. Bair Irvin 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN) 213-70-4830 LaVerna C. Galliher Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION S SHOULD BE USED A EPARTMENT OF HEA PRIOR TO BURIAL, (19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR 2:20xx 8-17- 19 86 Operator of motorcycle/fixed object impact. CONTRIBUTING CAUSE OF DEATH E, WRITING T WARDED TO PAGE 3 SHO STATE DEPAR 21201 PRIOR 21e PLACE OF INJURY SATHOME If LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK road Rt. 702 no. of Eastern Ave., Balto. MD PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARCHAND, 2 22a. I certify that I taak charge of the remains described above, held an Accident X Homicide Undetermined manner death resulted frama Natural couses TITLE (SPECIFY) Deputy Chief ACTUAL SIGNED 8-17-86 SIGNATURE 111 Penn St., Balto., MD EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) ADDRES! 30. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 73c NAME OF CEMETERY OR CREMATORY Westview Cemetery Baltimore Fig. 756. REGISTRAR'S SIGNATURE Cremation 18-19-00
24 FUNERAL DIRECTORION Funeral Home, Inc. BP 25M DHMH - 17 who Davidson Handalle (VR A15 ME (5)) 7922 Wise Ave Dundalk, Maryland 21222



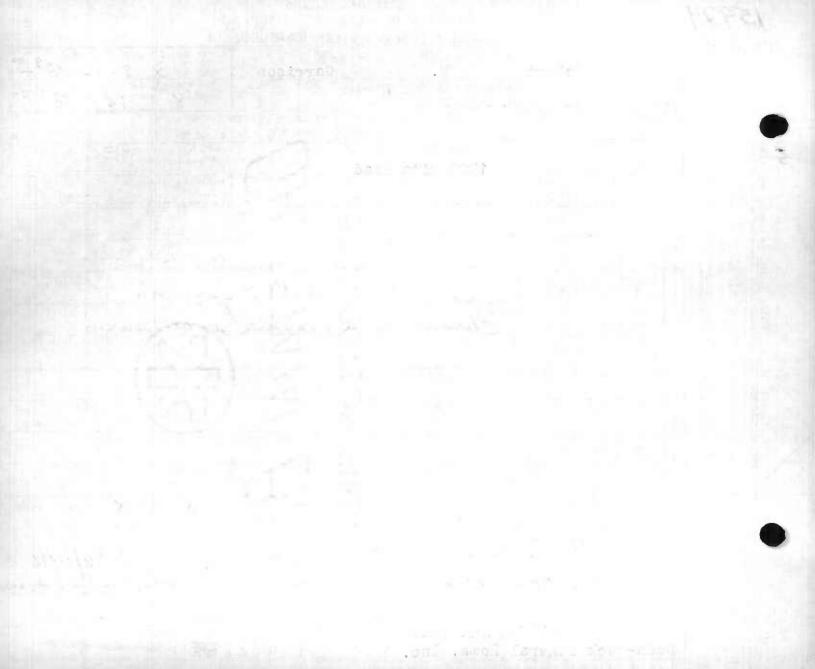
-14802	1.	FOR - STATE REGISTRAR		DEPA	RTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6	2 8	2	9
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ar. po	3 SE		4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDI		HOURS MIN.
oge our or		MALE	Whit			1 20, 1926	60	YRS.		
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	Ye	S	WW II	216-28	-4750	Francis Gam	ble - 219 O			
th certificate and a solic set of the so		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME	DIATE CAUSE (o)	RESPI	MI OKI	ARREST			BETWEEN ON	ATÉ INTERVAL NSET AND DEATH
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hou oftending physician. If the this certificate has been signed by the oftending process. If the complete the state of the contending process is the bunditrons; permit. Then please remove contending process permit. Then please remove contending the contending process. If and Aental Hygiene prior to buriol, cremation of the contending process. If and Aental Hygiene prior to buriol, cremation of the contending process.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	OR AS A SONSE	QUENCE OF					
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The law recion. The hos been sat permit. Green prior	CERTIFICATION	5/19/86		NGR ENOUS		N WAS PERFORMED FOOT	206 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDING CAUSES O	SS USED OF DEATH?
14'SICIAN: T ding physici is certificate burial-trans Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A	OF INJURY .M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	PART 2)	
ING PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY PREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TO		YINUC	STATE
ATTENDII spiral or CTOR: A d for use . of Healt		220 I certify that (I) (this he saw the deceased alive above, (I) (we) (did) (did)			9 86 a	nd that in (my) (our) opinion	, 10	ote and hour and t	, (1)	ot (I) (we) lost ouses stated
TAL OR yy the ho RAL DIRE detoche tote Depit		22b. SIGNATURE	w. Emel	CM		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	3/0	5/86
TO HOSPITAL retained by the TO FUNERAL Should be deto with the Stote IMPORTANT: If			I. EMALA, N			1	. CHARLES S	Γ.		
		BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN		STATE
BP		cial UNERAL DIRECTOR	8-11-	-86		son Forest	Owings M:		ilto.	
DHMH - 16 60M 7/B4 (VRA 15, 4)		Ck Towson Fune	eral Home	. Inc.	55		TE REC'D. BY REGISTRAR AUG 8 1986			

THE SOUTHER AND ADDRESS OF THE STATE OF THE

4255	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE	6 REG. NO	2 1	8 3	O
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F (1)		butus		131	7 sulph	nur Spri	ng Road	SC	heduler		mfq	
A 1	13a. S		36 COUN	ITY	13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?		EET ADDRESS /			
9 1-		aryland [Balti	imore	Arbu	itus	YES NO X		1/Sulph	iur Spr	ing R	oad 2122
12:0	Ge	eorge Gapsi	S	MIDDLE	LAS		Ludwine		auskaita		LA	ST .
5 8/		VAS DECEASED EVER IN		MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDRE:			
B.	TK				219-18	3-3768	Betty P. Ga	psis	1317 Su	lphur		g Road
reprint Then please not reprint to burief crems sany injury, as others	CERTIFICATION	gove rise to imme couse I of the storing underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION	the last	(c) ONDITIONS <u>C</u>	ONTRIBUTING		NOT RELATED TO THE TEL		SEASE OR COND	20b. IF YES, V	VERE FINDI	
1111	8139	71g. ACCIDENT WAS UNDE		1 21 7115	SE 11 11 18 17		Tal Harrison and a	YES		YES [NO 🗆
119	1,000,000	OR CONTRIBUTING CA	USE OF DEA	TH HOUR A	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (EN	TER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
hed so th	MEDICAL	71d INJURY OCCURRE	D	71e PLACE	OF INJURY	FFICE, FARM ETC)	711 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
100		22a.1 certify that (1) (1	this hospit	(al) attended th	ne deceased f	rom		, to.				that (I) (we) last
3 5 5		saw the deceased abave, (I) (we) (did	dalive and) view the body	ofter deoth.	19	nd that in (my) (our) apinio	in death ac	curred on the da	te and have a	nd fram the	causes stated
M Dept		77b. SIGNATURE	Ric	hus	7.6	dyn	DEGREE ATTENDING	MEDI	CAL STAF	F CANAL CO	08/0	
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	73a B	URIAL, CREMATION, R	EMOVAL	23b. DATE		73t NAME OF	EMETERY OR CREMATORY		LOCATION		0.0.7	
	0	Burial	The said	08/05	/86	Loudon	Park Cemeter	y E	Baltimore	e City	Mary]	and STATE
16 60M 7/84	24 FL	INERAL DIRECTOR		ELVE	ADD	RESS	25a. D		BY REGISTRAR 2	Sh. REGISTRA	R'S SIGNAT	URE
A 15, 4)	A	mbrose Fune	eral	Home 13			ring Road Al	IG 4	1986	1 1/4	down-A	Thorne



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Month Doy (Type or Print) Robert Garrison DEATH MATED IF UNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH AGE (In veors IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthday) Doy White Nov. 30,1903 82 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (Ountry) Virginia USA DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) State Hghwy Dundalk 709 Rita Road 13d INSIDE CHARLES THE AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Baltimore odmission) STATE YES NO 1709 Rita Road 21222 Dundalk Last 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Lost Garrison Ida Leno Jones Joseph R. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Barbara Thurston 1709 Rita Raod 226-07-1695 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO, OR AS, A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry X and in my opinian death resulted fram: Natural cardses 🖾 Accident 🗆 Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER DIRECT ACTUAL 22b. DATE SIGNED. ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 2, and 3 ta bage 5 may 10 FUNERAL K.S. AHLUWALIA ADDRESS (Street, city, town, or county) 2112, Dundal NAME (Type) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Virginia Corzet Rock Gate 8/14/86 Burial 24. FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, MD 21222 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DHMH-17 1/71 10M DATEAUG 21 1986 June Dandon Mondan (VR A15ME (5)) Duda-Ruck Funeral Home, Inc.



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	TO MEDICAL EXAMINER: THIS CERTIFE EXECUTE THE CERTIFICATE, WRITING: PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DEATH AMENTAND, 21201 FILLINGRE, MARYLAND, 21201 FILLINGRE,	23a.B	URIAL CREMA	TION, REMOVAL 2	36 DATE	234	NAME OF CE			RY	23d. LC	CATION					
		(SPECIFY)		8-28-8						CITY	OR TOWN			COUNTY		STATE
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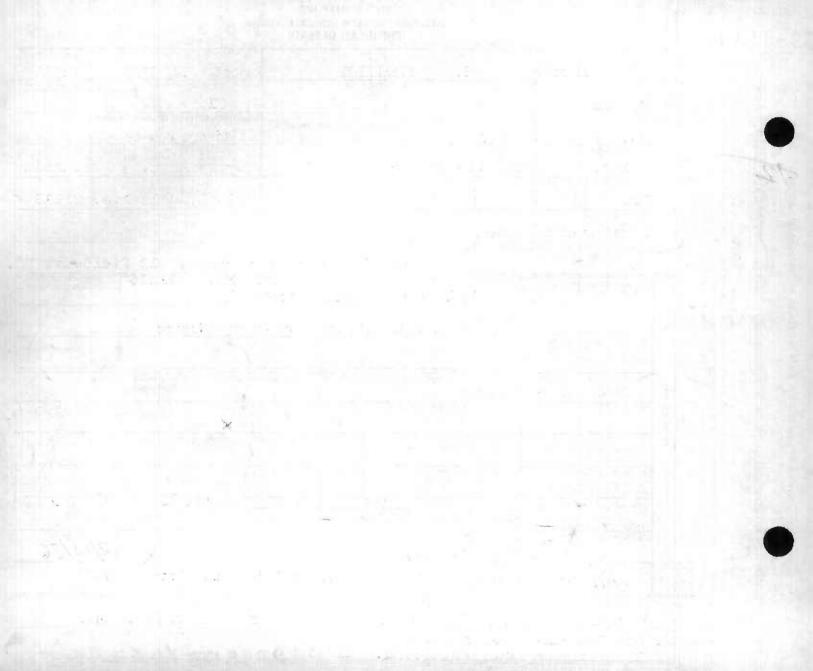
1	FOR			DEPARTMENT OF	HEALTH AND MENTAI	HYGIENE	1 8	3 9
	- STATE REGISTRA	AR	MI	DICAL EXAMIN	ER'S CERTIFICATE	OF DEATH	EG. NO.	
1. (DECEASED N	AME FIRST		WIDDIE	LAST	2a. DATE KNOW		OAY YEAR 76. HOL
I.	TYPE OK PRINT)	Marie	е	A.	Geisler	OF EST DEATH MAT	ED Aug 2	28 1986 06a
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7 a	BIRTHPLACE FOREIGN COUN	(STATE OR		HAT COUNTRY?	MARRIED NEVER MAI	RRIED . 9. BALTIMORE	CITY OR COUNTY	OF DEATH
		ryland	U.S		WIDOWED DIVO		ltimore Co	
		WN OF DEATH	11 NAME OF HO	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	120. USUAL OCCUPATIO FOR MOST OF WORKING LI	N (TYPE OF WORK 12b	OR INDUSTRY
_		and Park		ungstown Ave		FOR MOST OF WORKING 1	fe	
	STATE Maryl		JNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	13e. STREET ADDRESS		
-			ltimore	Graceland 1	120 2 110 6		stown Ave	21222
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100	(YES, NO, OR U	1 1 1 1 2 2 1 2 1	VE WAR OR DATES)	16b. SOCIAL SECURITY			DRESS	21222
_	No			212-62-53	60 Marie H	unger 6739 Y	oungstown	
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,		HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN	PART I (a).		
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		YING OR	HOUR A.	M. MONTH DAY YEAR	THE HOW INJURY OCCUR	RED LENTER NATURE OF HUJURY IN	IEM 18 PART 1 OR PART 2)	
MEDICAL	CONTRI	BUTING CAUSE O		M. 19 OF INJURY (AT HOME.	21f. LOCATION			
ME	WHILE			CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNT	Y STATE
	AT WOR	AT WORK						
	22a. l	certify that I took cho	orge of the remains de	escribed above, held an	Autopsy , Inspec	tion , Inquiry ,	ond in my opinio	on
	death r	esulted from: No	tural causes	Accident , Sui	cide . Hamicide .	. Undetermined monner		
	ACTUAL	TO	A	A	THE (SPECIFY)		XI - De	8/28/0
	SIGNATI	JRE V. WES	Han U	-some	M.D	MEDICAL EXAMINER	DATE SIGNED	1-3/86
	EXAMINI	R'S NAME T CO	occad A	Makarisal	25.5	Duelle & Aun	A.m.	M. 2005
		ER'S NAME J-CR		MOVAN	ADDRESS ARL	BAMMITTE WE	DALIO.	110,2122
230	(SPECIFY)	MATION, REMOVAL			AETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
2.4	FLINIEDALO	Burial	Aug 30 1	986 Dulan	ey Valley	Cockeysvi	lle	18 Maria
4.	FUNERAL D		ADDRES		250. DAT	AUG 2 9 1990 35	REGISTRANSSIC	NATURE
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STATE OF MARYLAND

A. S. Saintel Committee Saintel And a cost of the Time Coronities resident farts of 19 Year over the Land to the State of the ANTERE DESTRUCTION OF THE REST PRINCE E 1759 YOUR AND THE 21222 will have supposed the manner of the work was in the control of the control of the later Lucifia , and . Luc. 1931, from Lucifia

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	27 PM	0		Md.		USA			WIDOWE		DRCED	Baltim	ore i	County		MD
10	1	7	0 CIT	Y OR TOWN OF DEAT Balto.	н II F	I NAME OF I	HOSPITAL, NI THEACHTY, GIVE IN SQ	URSING	HOME O	spital	UTION	120 USUAL OC ITYPE OF WORK F	OR MOST OF	WORKING LIFE)	INDUSTRY	of BUSINESS OR Chasino
AND 211	follow in could be t	S		RESIDENCE (# NURSI ATE Md .				BEFORE A	ADMISSION)	13d. INSIDE CITY		3 STREET AC	DRESS / Lynd	ZIP CODE la le A	ve.	21213
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RE,	ond co	7		AS DECEASED EVER IT	U.S. ARME		166. SOCIAL			17. INFORMAN			ADDRES	SS		
J. J.	Pog .	X	- (**	No	(III 123, GIVE V	• ON DATES!	213-	42-	-393						'ield	chat Ro
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IVISION	ottendir ter this s the bu		MEDICAL	WHILE OF NOT WHILE AT WORK			OF INJURY REET, FACTORY, O	FFICE, FA	RM, ETC]	211 LOCATION	1		CITY OR TOW	/N	COUNTY	STATE
0 4	Af A			22a I certify that (this haspital	attended th	ne deceased f	rom	Augus	t 5	19_86	_ _{to} Augi	ist 1	2 19	86	that (we) last
TE	TOP for to of H		Ш	saw the deceased obove, M (we) (di	d alive an_	AUGUS L	after death	19_C	36, an	d that in 🖛) (a	iur) apinian de	eath accurred	an the da	te and haur a	nd from the	causes stated
	the hos AL DIREC letached ite Dept. T. If Item			226. SIGNATURE	03	50	en	Tue	1	PEGREE ATT	TENDING	MEDICAL DIRECTOR	STAFI PHYSICI	F AN M	8/12	SIGNED
HOSPH	TO FUNERAL should be detected with the State			22d PHYSICIANUS NA			4			22e ADDRESS		n Squa		, ,	21237	
5	= 5 € 3 ₹ 1		23a 81	JRIAL, CREMATION, R	EMOVAL	23b. DATE		23c N.	AME OF CI	METERY OR CR	EMATORY	23d LOCAT				STATE
	BP			Burial		8/15		В	alti	more Co	emetei			alto.	Md.	STATE
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STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) IF UNDER 24 HRS UAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED OSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY ATHER'S NAME 15 MOTHER'S MAIDEN NAME 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Respirators Failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 14 months Metastatic Malinant Melanoma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 B) redia, CERTIFICATION Thombory top 4'4 Grandico top es ia 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NIA NO [NOD YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220 | certify that (1)(this hospital) attended the deceased from Anglast sow the deceased alive on Ahow + 22 above, (II) we) (did) (did no) view the body after death. 19 86 _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d b 22 S. Greene St Mark Allan Walken, MD 230. BURIAL, CREMATION, REMOVAL DHMH - 16 50M 4/83 (VRA 15, 4)

PENIN OF GERRY CA MINESTALINE FE The state of the s GASKHONING A LEADER TO BE WELLED THE STATE OF SHIPS AND THE STATE WAS THE PROPERTY OF SHIPS AND ASSESSED AND ASSESSED. AND BEEFER ON THE STATE OF THE

5-017	80	1-	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IEME STATE	36 218	338
CTAND 2101	d 2 should be place within 72 hours after death than marke and a should be s	7a. B1	ALE RIHPLACE (STATE OR FOREIGN) TY OR TOWN OF DEATH ALE	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY O CHESTER EIII AIDDLE	S. DATE (MONTH S. DATE (MONTH WIDOWE BURSING HOME (STREET ADDRESS) LE BEFORE ADMISSION) R TOWN	DE BIRTH 28 3 DE NEVER MARRIED DI DIVORCED DISTOTHER INSTITUTION SERVICES SI	9. BALTIMORE CITY OF 9. BALTIMORE CITY OF 120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF SELAS SEL 130 STREET ADDRESS /	YRS DA YRS R COUNTY OF DEATH A C O DN 12b. KIN INDUST E EMP. M ZIP CODE 2 (8)	MD. D OF BUSINESS OR RY (AFERMAN)
ALTIMORE, MA	per: Poper un		VAS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	war or Dates) 220 -	SECURITY NO. 32-033 1	BERTHA 17 INFORMANT SHERRY HAK	ADDRES	MILL CH	UGHTER) URCH RD CROXIMATE INTERVAL EEN ONSET AND DEATH
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DHMH	- 16 60M 7/B4 RA 15, 4)	24 FL	HOMAS FUNERAL			25a DATI	REC'D. BY REGISTRARIZ		NATURE

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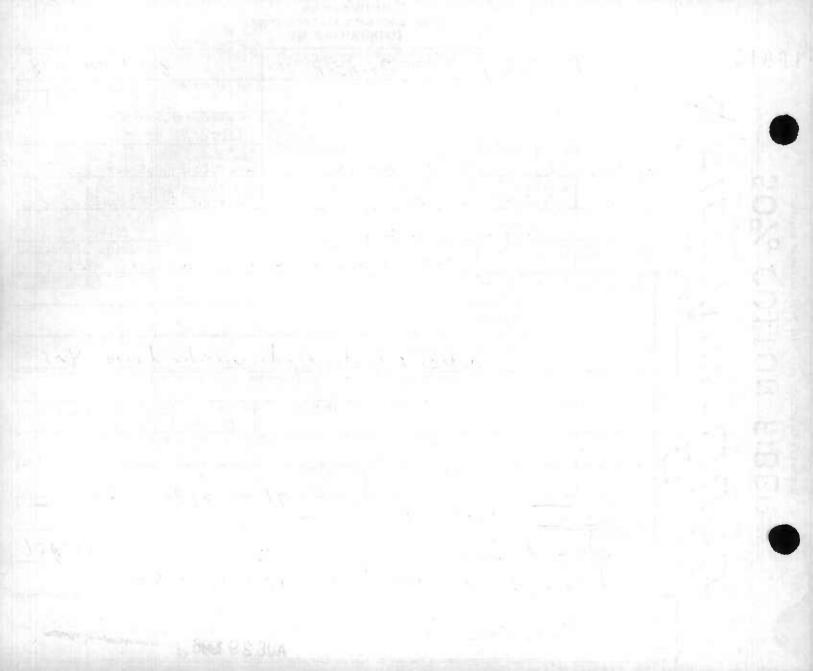
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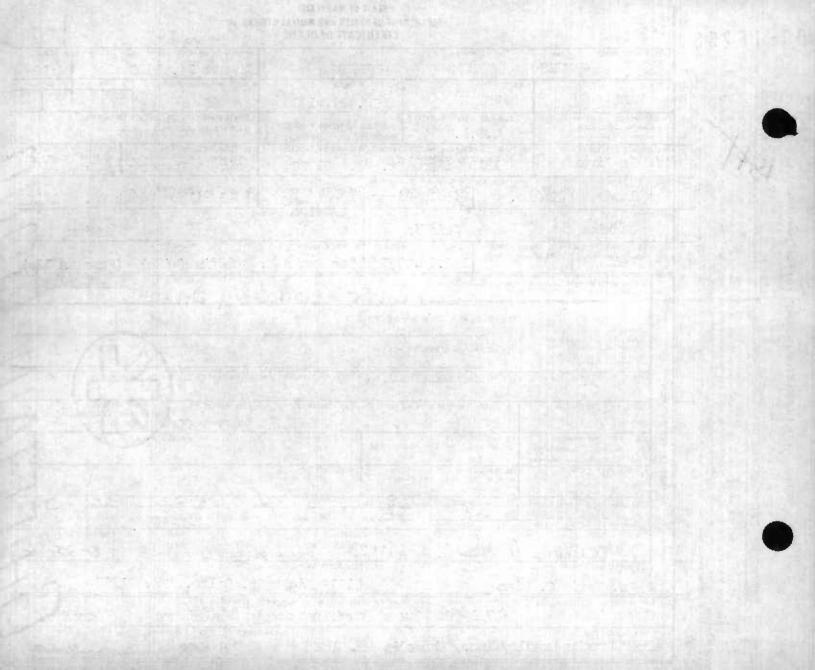
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the the third with	10 C	ITY OR TOWN OF DEA	ATH 11	. NAME OF H	HOSPITAL, NURSI	T ADDRESS1	R OTHER INSTITUTE	ION I	2a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIN NG LIFET INDUST	ND OF BUSINESS OR
21201	₽5U.	FOWSON AL RESIDENCE (# NURS STATE		HER INSTITUTION		RE ADMISSION)			Commerical Des		Art
AND	1	MARYLAND	BALT]		13c CITY OR TOV		13d. INSIDE CITY LIV YES \(\text{\text{\$\sigma}} \text{\$\text{\$\color{1}}\$} \text{\$\color{1}\$}		3e.STREET ADDRESS / ZIP Co 2119 POT SPRI		D 1073
MARYL ed with	14. FA	LOUIS	EBE	ERHARDI	GREN	NZER	ANN I		WIDDLE	TRIS	CHMAN
MORE,	1	VAS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SEC		17 INFORMANT	0			21093,MD.
ST., BALTIN rtificote be physician of ondopers. P ewand, the m		NO	H (Enter pply)	one coure per	215-09-		Anna B. (Grenze	er,2119 Pot Sp		PROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by the offending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in by the and Memial Hygiene prior to burial, cremation, or removal. Orked or frem 18 shows any injury, or other troumatic event, the medical excounse may be recovered or them 18 shows any injury, or other troumatic event, the medical excounse may be recovered.	NO	Conditions, if any, gove rise to improve (a), stating underlying couse PART 2 OTHER SIGN	nediote ig the lost.	((c)	A A CONSEQUENT OF THE PROPERTY	Scla			a U.SC-los d	Serve GIVEN IN PAR	Y/5.
TAI RECOR	CERTIFICATION	19a DATE OF OPERA		196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	D	200 AUTOPSY? 20b. IF	YES, WERE FIN RTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
PHYSICIAN: T ending physici this certificate to burial-transi ad Mental Hygi d or frem 18 sh		210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI-	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART	Ť 2)
DIVISION DING PHYS or attending After this or e as the bur alth and Me	MEDICAL	21d INJURY OCCUR	RED	21e PLACE (OF INJURY SEET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	-1	CITY OR TOWN	COUNTY	Y STATE
ATTENDI spitol or CTOR: A I for use of Heal		22a.1 certify that (1) sow the decease above, (1) (week)	ed alive on	8/	25 19	86 .or		apinian de	to to the date and	hour and from	, that (h (we) last the causes stated
PITAL OR / by the ho ERAL DIRE Store Deptoched		22b. SIGNATURE	uis 2	. In	enge		DEGREE ATTEN PHYSI	DING X	MEDICAL STAFF DIRECTOR PHYSICIAN	8	126/86
TO HOSPITAL retouned by the TO FUNERAL should be det with the Store IMPORTANT:		22d PHYSICIAN'S NA	لأن	E.	Grenz	c	27e ADDRESS // 0 /	N.	Calvert 5	+	
BP]	BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	AUG. 2	The state of the s		EL LUTH. CH				
DHMH - 16 60M 7/B4 (VRA 15, 4)		ARTIN D. L.	AWSON,	LO W. E	ADONIA T	RD.,TI	MONIUM	250. DATE F	REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGI	Menbron



00-	18	5 2 5	5	1-	FOR STATE REGISTRAR			DEF	PARTMENT OF	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE 6 2	! ! 6	4	
		m.c			CEASED NAME	FIRST		MIDDLE		AST		0. DATE OF DEATH		YEAR	26 HOUR A
	y be	poge				VIS	WAR	REN		FFIN		August 24,			4:00 M
	ge 4 mc	ctor. p		3. SE	MALE		4 RACE WHI	TE	S. DATE O	29, 193	30	AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS
	Peter Po	200	35		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF		MARRIE WIDOWI	D NEVER MARR	SIED 1	Baltimore city of Baltimore	_	DEATH	MD.
100	3		10	Mi	ddle River		151	3 Wils	son Pt. F	or other instituted. 21220		20 USUAL OCCUPATI HTYPE OF WORK FOR MOST C Esign & In	ON SF WORKING LIFE)	126. KIND OI INDUSTR C Engin	BUSINESS OR Onsultin
AND 212	24 bed	S PROPERTY.	5	USU. 130. Ma	AL RESIDENCE (IF NURSIN STATE ryland	Bal	OTHER INSTITUTION	Middl Middl	e Before admission R TOWN PRIVET	13d INSIDE CITY LI	IMITS?	1513 Wilso			21220
MARYL	ed with	Sample telly	30		Charles		MIDDLE	Grif		15. MOTHER'S MA Hele		MIDDLE		McMin	'n
ALTIMORE	be execu	s. Pages 1	e medicol		VAS DECEASED EVER IN YES, NO OR LINKNOWN)		MED FORCES? E-WAR OR DATES)		26.2753	Ree Reth	na A.	ADDRE Griffin (W			as 13e)
RECORDS, 201 W. PREST	low requires that the dea	os been signed by the otte termit. Then pleose remave te prior to burial, cremotion	s ony injury, or other troun	CERTIFICATION	Conditions, if any, gove rise to imme couse 101, stoting underlying couse PART 2 OTHER SIGNI 19a DATE OF OPERATION	diote the lost.	(c)	ONTRIBUTIN		NOT RELATED TO T	100	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED OF DEATH?
DF VITAL	DIAN: The	of-tronsit partial Hygien	Se show		2) a ACCIDENT WAS UNDE	USE OF DEA				21c HOW INJURY	OCCURRE	YES NO X	YES [ио 🗌
DIVISION OF VITAL	G PHYSIC	s the buric	rked or the	MEDICAL	(IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE AT WORK AT WORK	D	21e. PLACE	OF INJURY	DEFICE FARM ETC.)	211 LOCATION STREET		CITY OR FO	NW	COUNTY	STATE
	O HOSPITAL OR ATTENDIN	TO FUNERAL DIRECTOR Afishould be detached for use a with the State Dept. of Health	IMPORTANT: If Hem 21 is mor		22a I certify that (1) (1 sow the deceased above, (1) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAA Dr. Marie	AE (TYPE O	S- 2 1) view the body (), () () PRINT) Diaz	3	19 86.0	DEGREE ATTEN PHYS 122e ADDRESS 1319 Lice	nding se	MEDICAL STA	FF	22c DATE:	
	BF				BURIAL, CREMATION, R Cremation	EMOVAL	8/27/	1986		emetery or crem ount Crem	natory	Baltimo		Mar	
		H - 16 60M VRA 15, 4			uneral director 1ter Brooks	Bra	dley In	c., Dü	mdalk, M	d. 21222	250 DATE	REC'D. BY REGISTRAR	Julia Das		_



b	15863	1	FOR - STATE REGISTRAR	DE	PARTMENT OF H	EALTH AND MENTAL HYO ICATE OF DEATH	BENE 6 2	184	2
n	may be page 3 ter death		ECEASED NAME FIRST REPRESENTED FOR PRINTED	Chester	GRIME		20. DATE OF DEATH	NONTH DAY YEAR TUG 7 86	5 A M
06.5	ge 4 mo ector. po rs ofter	3. SE	Male	White	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT)	HDAY) IF UNDER 1 YEAR MONTHS DAYS 12	HOURS MIN.
0	n 72 hours	1 .	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	U.S.A.	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	BALTIMORE CITY OF	0	MD.
	by the fu	10 0	Towson	11. NAME OF HOSPITAL, I OF NOT IN SUCH FACILITY, GIV DULPNEY TOLL		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Carpent	WORKING LIFE) INDUSTRY	BUSINESS OR
9 2	filled in could be	13a.	STATE TISTED COUNTY TO THE COU	ITY 113c. CITY O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 236 Hook	ZIP CODE Rd. 211	57
WAR	completely 1 and 2 sh		Charles	W. Gri	Lmes	15 MOTHER'S MAIDEN NA Carrie	Elizab		nton
TIMORE	on and con services and considerate and conside		WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES, GIV	E WAR OR DATES!	-01-9278	Ethel M.		ame As #13	MATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR	equires that the death is igned by the attend Then please remove coint burial, cremation, o	NOI	Conditions, if ony, which gove rise to immediate couse (o1), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 1:0	0
AL RECO	the low rion. the hos been the permit in perm	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH? NO [
rision of Vit	PHYSICIAN: I trending physici r this certificate the burial fronsi and Mental Hygi ed or Item, 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IS EITHER, NOT HY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	HOUR A.M. MON	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
•	or HOSPITAL OR ATTENDING returned by the hospital or a TOUNERAL DIRECTOR. After STREET OF THE CONTROL OF A APPORTANT. If them 21 is mark		22a.1 certify that (1) (this hospi saw the deceased alive on	the body offer death	19 86 , 01	d that in (my) (authopinion	death occurred on the do	ond hour ond from the c	that (1) (we) last causes stated
Ö	BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 8-9-1986		emetery or CREMATORY Chapel	Woodbine	Carrol	1 Ma.
DH	MH - 16 50M 4/83 (VRA 15, 4)		harles W.Bur	rier,Jr.,S	ykesvil			SE REGISTRAR'S SIGNATU	JRE

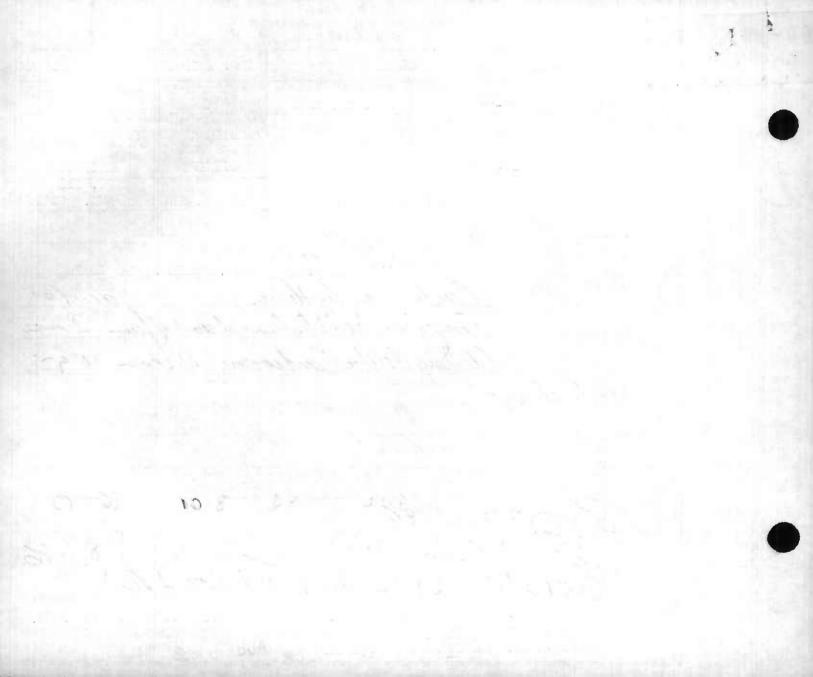
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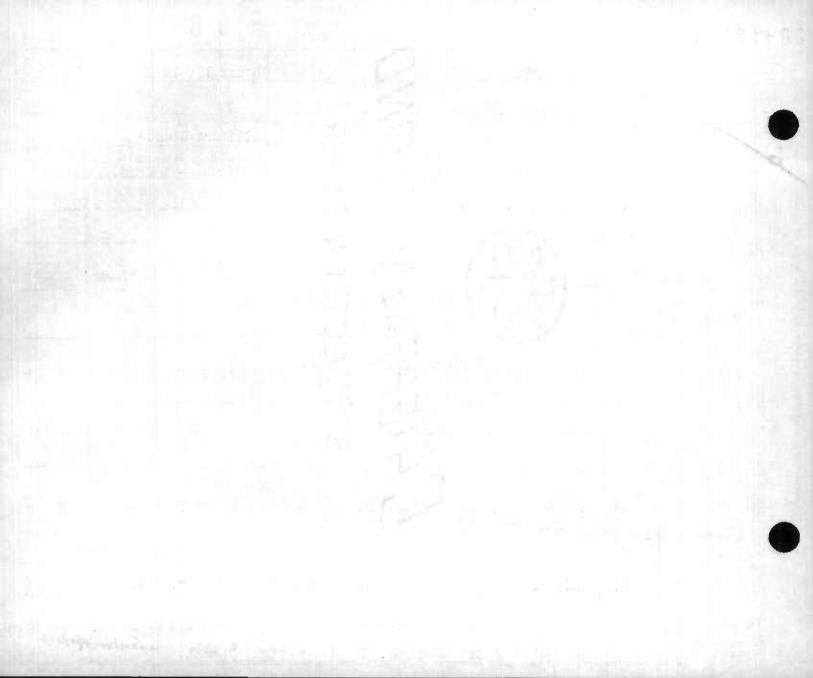
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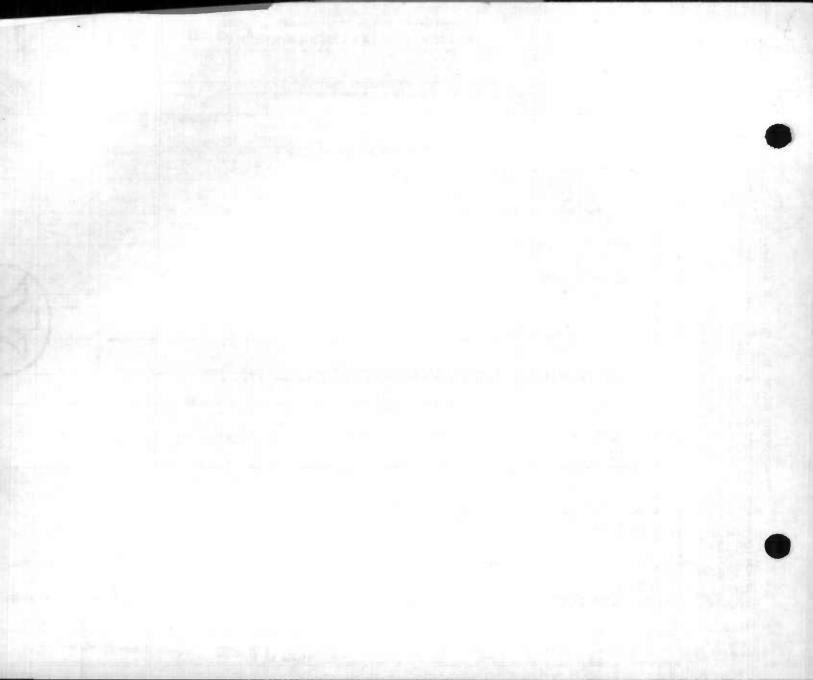
(VRA 15, 4)



		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE &	
15447	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2 8 4
m.s		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3 deoth		Margue			August 13, 1986	12:45a
fter p	3. SEX	(4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
recto		Female	White	Dec. 23 1908	77 YRS	
1 100		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	10 CI	Maryland TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED NO NOTHER INSTITUTION	Baltimore County	The source of price of
144			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS	(TYPE OF WORK FOR MOST OF WORKING LIF	
1		OSSVILLE	Franklin Squ	are Hospital	Retired - Bal	to. County
1、据 程 注	13a. S	TATE 136 COUN	NTY 13c. CITY OR TOV	VN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
1	14 FA	Md. Ba	lto. Middle	River YES NO **	617 Wampler R	oad 21220
1 1003(0)		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
8 8 9		William VAS DECEASED EVER IN U.S. AR	L. Ford	JRITY NO. 17 INFORMANT	ADDRESS	unknown
Poges Medica		rES. NO OR UNKNOWN) (IF YES. GIV	VE WAR OR DATES)		unbr 617 Warnl	~ D4 212
icion iers. P	-	no l		-5294 Webster G	sunby of wampi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ficot pap pap novo ent,		PART I. DEATH WAS CAUSE		spiratory Arrest		BETWEEN ONSET AND DEA
r ren		IMMEDIA	10 071000 107			
tend tend on, o		Conditions, if any, which	due to, or as a conseou	Heart Failure		
e at a de		gave rise to immediate cause (a), stating the	120			
by the		underlying cause last	DUE TO, OR AS A CONSEOU	Artery Disease		1 41 15
ned I		PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 11g
n sig	ON					
bee rmit prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH?
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hysical Hygin I B sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IB P	ART I OR PART ?}
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this of the born of Aor I	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
oth obs.th horke	~	AT WORK NOT WHILE AT WORK		Alberta Control of the		
NO See A		22a.1 certify that (X)(this haspi	August 13	August 1 vv 1986		19_86, that X (we)
Sprite CTO d for af h		above, (Niwe) (did) (MMV	AUGUST 3 19		n death occurred an the date and how	
OR A be ho DIRE Dept	1	22b. SIGNATURE	•	DEGREE	AAEDICAL CTASS	22c. DATE SIGNED
		Hour			MEDICAL STAFF DIRECTOR PHYSICIAN	8-13-86
TO HOSPITAL retoined by the TO FUNERAL should be determined the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE C		22e ADDRESS	in Course De 03	007
Shault the MPO		I. Gouni, N	ีน. บ	9000 Frankl	in Square Dr., 21	431
Es Fesse,	23a B	URIAL, CREMATION, REMOVAL	. 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
						, state
BP		Burial	8/15/86 LG	ardens of Faith	ROSSVILLE B ATE REC'D. BY REGIST RAR 256, REGIST	PARSSIGNAME PARS



X		1.	FOR STATE			STATE OF I	TE OF MAP		YGIENE,	-			
00-1	4881		REGISTRAR	FIRST	MED	DICAL EXAMIN				O REG. 1		3 4	an fra
			CEASED NAME	_		WIDDLE	LAST					DAY YEAR	26. HOUR
	SE S	3. SEX	T4 RAC	Andre	S. DATE OF BIRTH	S.	GU2			TH MATED	□ 8-2	19 86	2d HOUR
6	ARY, R.	M	ale whi		Nov. 20-	·1940 45 YE	AY) MONTHS	DAYS HOURS	MIN. PRONG	DUNCED EAD	8-2	1986	0.15
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	PAGE PAGE		BUTTE MOTE	sh:	11010 E	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) Bird River (NSTITUTION	12a. USUAL OC	CUPATION (T	YPE OF WORK 126	OR INDUS	usiness TRY ployed
Cincil	ANY D AND 3 RETAIN		aryland	136 COUNT Balti	TY	eresidence before admission 13c. CITY OR TOWN White Mars		INSIDE CITY LIMITS?	13. STREET AD 11010	DRESS Bird	River	Grove	22 rd.
13	E SE	An	ATHER'S NAME FIRST		MIDDLE	Guzy		MOTHER'S MAID FIRST Jane	EN NAME	MIDDLE	Krou	se LAST	
TIMO	A SERVICE A	16a. \	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY		INFORMANT		ADDRE	11010 1	Bird R	iver
Z	WITH PAG		18 CAUSE OF DEA			170-32-59	33 1	Mrs. Sand	dra Guzy	' Grove	Rd.	21162	
RECORDS, 201 W. PRESTO	SE EXECUTED WITHIN 24 H ENDING: IN PENCIL IN ITEM WEDICAL EXAMINER ALON AS A BURIAL: TRANSIT PER ALTH AND MENTAL HYGER CREMATION, OR REMOVAL	NO	Canditions, if gave rise to cause (a) stating lying cause last	immediate the <u>under</u> -	(b) DUE TO, OR (c)	AS A CONSEQUENCE O	OF .	CONDITION GIVEN IN PA	RT T (a.)				
	HEF WEI	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS F	PERFORMED?				20 AUTOPSY	(?
VIET	20 - SE - S	E	21a. EXTERNAL CAU	CE MAS	AU 7005 OF							YES KK	NO
DIVISION OF VITAL	INER: THIS CERTIFICATE SHOUD FICATE, WRITING THE WORD: E FORWARDED TO THE CHEP TAOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIEL	MEDICAL CE	UNDERLYING CONTRIBUTING 214 INJURY OCCUR	OR CAUSE OF D	21e PLACE C	MONTH DAY YEAR				R TOWN	18 PART 1 OR PART 2		STATE
ō	WARD WARD PAGE TATE 21201	2	WHILE NOT	ORK		Sky, skin, Etc.,	Jine		CITYO	. TOWN	COGNI		STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CRETIFICATE, PAGE 4 SHOUD BE FORV TO FUNETAL DIRECTOR. AFTER DEATH WITH THE OR. BACTIMORE, MARYLAND, 3		death resulted arain ACTUAL SIGNATURE	Noture	e of the remains desc ol causes of the course of the cours	regth Mi		Hamicide ,	Undetermined	AMINER	DATE SIGNED.		3 – 86
	PAGE AFTE	73a B	(TYPE OR PRINT)			123c NAME OF CEA		DRESS	23d LOCATIO				
07/84 25M	BP	Bu	rial UNERAL DIRECTOR		8-6-1986	Parkwood		ery	Parky REC'D. BY REGIS	ille,	Baltim GISTRAR'S SIGN	ore	Md.
	DHMH - 17 (VR A15 ME (5))			n,1175	OBelairRo	.Kingsville	e,Md.21	1087116 ()	7 1986		idson Ade	delle	



(VRA 15, 4)

ADDRESS

- STATE

24 FUNERAL DIRECTOR

NAME

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BELTHING ES INDES 21237

Julia Diordes n. Randalle

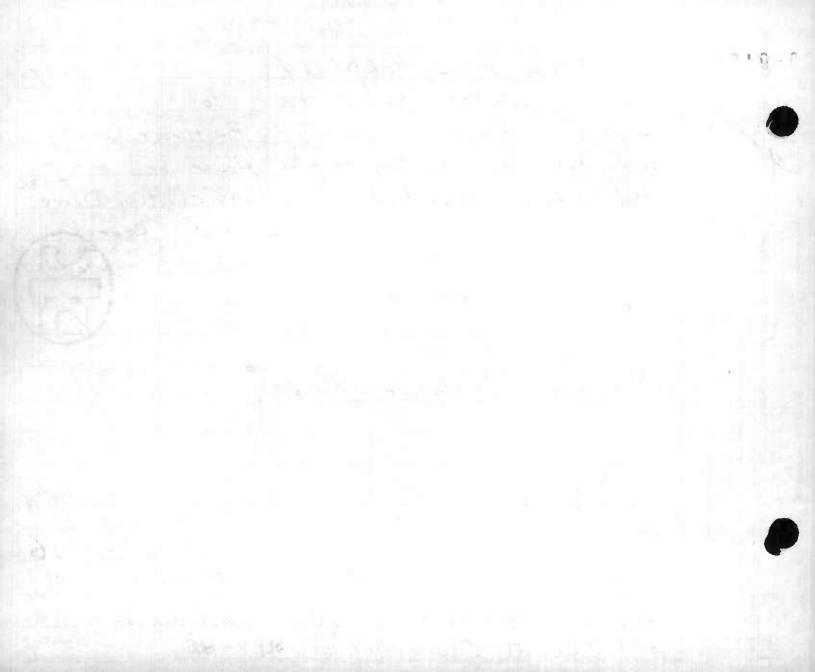


		#18a,P 2a, G-6		DEPARTMENT OF			HYGIENE			
10/1		Med.Ex.	. Gbj. ME	DICAL EXAMI	NER'S	ERTIFICATE	OF DEATH	REG. NO	1 6	4 8
48	(TYPE OR PRINT)	AME FIRST	SUSAN	MIDDLE	Ward	wer K	()	TE KNOWN [X	8-29-86	YEAR 264 HOUR
W. REA MECTO NY FILE N STREE	Female	4. RACE White	5. DATE OF BIRTH	VEAD LACT BIOTIL	PEARS IF UNDAY) MONTH	DER 1 YR. IF UND	ER 24 HRS. 2c. D.		8-29-86	YEAR 2d HOUR noon
NEBAL MININ	BIRTHPLACE FOREIGN COUNT	(STATE OR RY)	76. CITIZEN OF W	HAT COUNTRY?		DIVO	RRIED	Imorecutyo ltimore	COUNTY OF D	
FAGE 5	M CITY OR TOV		(IF NOT IN SUCH F	SPITAL, NURSING HOM ACTUITY, GIVE STREET ADDRESS! Joseph's Ho	AE, OR OTH	ER INSTITUTION	12a. USUAL OC		OF WORK 12b KIN	D OF BUSINESS INDUSTRY
NAME OF THE PARTY	USUAL RESIDEN	CE (IF IN NU SING HO)	ME OR OTHER INICTITUTION C	Baltimore	SION)	13d INSIDE CITY LIMITS? YES X NO			naus Rd.	21212
	14. FATHER'S NA Lou		B. MADDLE	Morris		15. MOTHER'S MAI		Doris	Stoll	AST
503/	160 WAS DECEA	ASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURI		17. INFORMANT		ADDRESS		
USIC	n n		SIVE WAR OR DATES!	213-66-848	39	Mr. Ster	hen K. H	andwerk	Same	
SED AS A BURIAL TRANSIT F HEALTH AND MENTAL HYG HAL, CREMATION, OR REMON	PART 2 OTHI	or egnand	ich ote (b) DUE TO, OF	R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE TER	MINAL DISEASI	AS PERFORMED?	(-			UTOPSY?
PROR TO BURL		29/86 RNAL CAUSE WAS ING OR	2Th. TIME O HOUR A.A	A. MONTH DAY YEA	21c. HC	Interna				ES X NO [
ATE LEFT	2 2 d IN 11 IS	UTING CAUSE C RY OCCURRED NOT WHILE AT WORK	21e PLACE	A. 19 OF INJURY (AT HOME, STORY, FARM, ETC.)		CATION	CITY OF	RIOWN	COUNTY	STATE
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	22a. Lc death re: ACTUAL SIGNATU EXAMINEI (TYPE OR)	ertify that I taak chi sulted fram: No RE R'S NAME W PRINT)	villiam M.	Zane, M.D.	vicide M.	, Hamicide ITILE (SPECIFY) ASSISTAR ADDRESS 111	Undetermined MEDICAL EX	AMINER	d in my apinion DATE SIGNED	-30-86
262	(SPEBuri		Sept.1,19	23c. NAME OF CE			23d LOCATIO CITY OR TOWN Baltin	nore		ryland
DHMH - 17 VR A15 ME (5))	24. FUNERAL DII	ard J. Ru	ick Inc. Ba	ltimore, Ma	arylan	ad SEF	REC'D, BY REGIS		avidson-Rom	

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France street sectionates offered in plants



-7777 AMP S. O. HARRISTON

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00-	15935		REGISTRAR		MEI		XAMINE			TE OF DE	ATH REC	G. NO.	-	9	4
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	SS SS SS			ANNA	2 h		HARKIS				DEATH MATE	0 0	" 17	1986	3 40"
	A SE	3. SEX	4	. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		R 1 YR. IF U	NDER 24 HRS	2c. DATE	MONTH	DAY	YEAR 2	d HOUR
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	AL YEL	70. BI	RTHPLACE (STA		76. CITIZEN OF WH			44 4 0 0 15 0			9. BALTIMORE CI	TY OR COU	NTY OF DE	EATH	
	IS NECESSARY, PLEASE EUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESION STREET.	_	REIGN COUNTRY)		U.S	Δ		VIDOWED	NEVER I	VORCED	Baltimo	re Cou	mtv		
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1	OTHE FU OTHE FU PAGE 5 FAILED, S, 281 W	-	Baltimor		(IF NOT IN SUCH FAC			24-7		FOF	MOST OF WORKING LIFE		OR	INDUSTRY	
3	A C Z A C Z			F IN NURSING HOME C	Franklin	Squa	TE HOSP	itai			Homemake	r		_	
21201	ANY DE AND 3 TO PETAIN OULD B		TATE	Balti	ΙΤΥ	113c CITY	OR TOWN	130	INSIDE CITY LI		REET ADDRESS				
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W	TH. 22.	14. EZ	ATHER'S NAME FIRST		MIDDLE		AST	15	MOTHER'S	MAIDEN NAM	E			AST	
RE.	O A S GES		Harry			Laf			Jer				unk	nown	
- W	PAGE ON ON O		VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURITY N		INFORMAN	T	ADD	RESS			
BALTIMORE, MD.	JRS AFTER 3. GIVE PA WITH FOR I. PAGES I DIVISION		no			119-	10-8636		Wm. T'.	. Harri	s (son) s	same ac	dres	S	
	WI WI		18 CAUSE OF	DEATH (Enter an	ly ane cause per line	far (a), (b),	and (c).)	1111				TO THE	APP BETW	PROXIMATE IN	NTERVAL ND DEATH
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₹	ON TRANS		cause (a) s	stating the under-		AS A CON	SEQUENCE OF								
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	D1. 45 Z Z		PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	UT NOT RELAT	TEO TO THE TERMINA	L OISEASE OR	CONDITION GIVE	N IN PART 1 Int.					
RECORDS	D BE EXE FENDING MEDICA AS A BI CREMA	Z													
REC	MED BEND WED AS	Ĕ	19a. DATE OF C	OPERATION	196 CONDIT	ION FOR V	WHICH OPERAT	ION WAS	PERFORMED)?			720 A	UTOPSY?	
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DIVISION OF VITAL	HIS CERTIFICATE SHOULD WRITING THE WORD "PI ARDED TO THE CHIEF! AGE 3 SHOULD BE USED ATE DEPARTMENTING THE 1201 PRIOR TO BUR AU.	CERTIFICATION	710 EXTERNAL	CAUSE WAS	216 TIME OF	INJURY		21c HOW	/ INJURY OC	CURRED (ENTE	R NATURE OF INJURY IN IT	EM 18 PART 1 OR		13 []	NO
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			AT WORK	AT WORK											
	ATE OR S		22a I certify	that I taak charg	ge of the remains desc	ribed aba	ve, held an	Autapsy	. Ins	pectian .	Inquiry X.	and in my	apinian		
11.5	A CLEAN		death resulted	d fram: Natu	ral causes 🖳	Accident	, Suicie	de .	Hamicide	Unde	etermined manner				
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	A SHEET		EXAMINER'S N (TYPE OR PRIN		LIV 2. Te	berte	CS NO	AD	DRESS	LE. C	lose &	3002)		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STANDORE, MARYLAND, 2	23 a.B	URIAL, CREMATI	ION, REMOVAL	736 DATE	23c.	AME OF CEME	TERY OR C	REMATORY	23d L	OCATION Y OR TOWN		DUNTY	STAT	
	BP	(3	Removal		8/17/86	-	ew St.				Bronx.		,0	N.Y.	
		24. F		STATE ALIVE	ERAL HOME,	TNC		1110		DATE REC'D. E		REGISTRAR'S	SIGNATU	JRE	
	DHMH - 17 (VR A1S ME (5))		9705 B	elair Ro	l., Balto.	Md.	21236			AUG 2	1 1986	- with	HOOM	Handel	L
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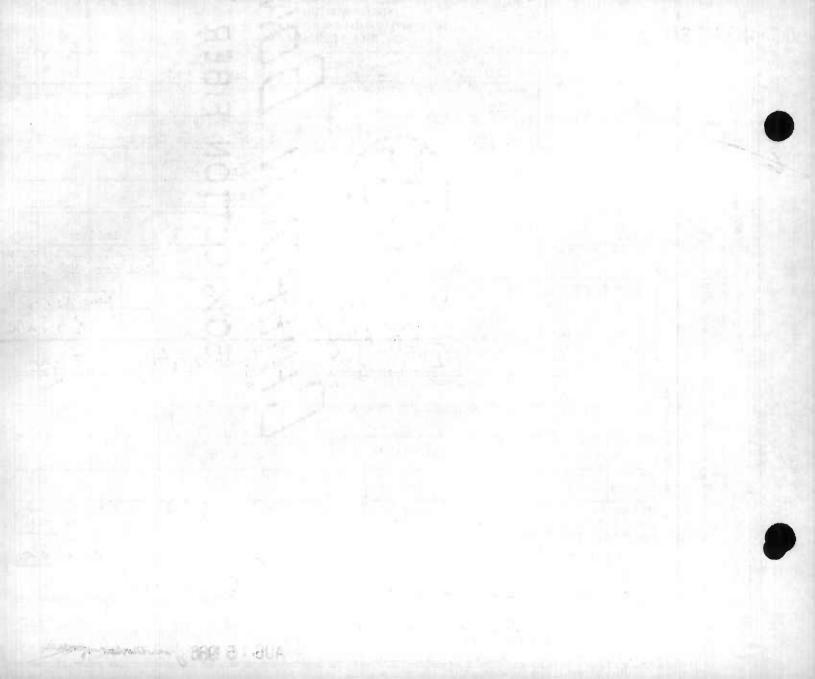


STATE OF MARYLAND

3	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENT		IENE 8 6	2	1 3	5	2
1		CEASED NAME	FIRST	,	MIDDLE	L	AST		20 DATE OF DEATH		DAY YEAR	26 HOUI	R
1	[ITPE		larv	Aı	nna	Har	ris	1	August	12, 19	986		М
	3. SEX			4 RACE		5 DATE C	OF BIRTH	EAR	6. AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 2	24 HRS MIN,
1	Fer	male		White		8		11	74	YRS.	MONTHS DATS	HOURS	MIN,
1		RTHPLACE (STATE OR I	FOREIGN	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRI	ED 🗆	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
2		ryland	2.195	U.S.A		WIDOWE	DIX DIVORC	ED 🗌	Baltimor		nty		MD.
)		ty or town of de ndalk	ATH	(IF NOT IN SUC	HOSPITAL, NURS IN HEACTLITY, GIVE STREET URNHAM RO	ADDRESS]	OR OTHER INSTITUTION	ON	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Nurse		176 KIND (INDUSTRY	F BUSINE	SS OR
	13a S	AL RESIDENCE (IF NURS STATE ryland	136 COUN	OTHER INSTITUTION		ADMISSION)	138 INSIDE CITY LIA		13e STREET ADDRESS 1723 Burn			212:	22
30	14 FA	THER'S NAME		AIDDLE	LAST	03/18	15 MOTHER'S MAIL	DEN NAM					
	Ch	arles	^	NIOUSE	Smith		Frede	rica	WIDDLE		Winkle	er	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS911	South 1	East 2	Avenue
	No		(IF TES ONE	WAR OR DATES)	213-20-1	180	Thomas E	. Ha:			timore,		
		18 CAUSE OF DEATH W PART I. DEATH W Conditions, if ony, gove rise to imp	IMMEDIATI , which	CAUSE (a)	Ine for my (b), one	mil	my for	la (P)	10		Few 3	los gui	onth.
	rion	couse (a), statin underlying couse PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO		CA DEATH BUT	NOT READED TO T	TERMI			OT SUPERSONAL IN		4_
	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	IN CERT	ES, WERE FINDS IFYING CAUSES (ES]	NGS USED OF DEATH	H?
1		210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT		M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)		
j	MEDICAL	21d INJURY OCCURI	HILE	21e. PLACE (OF INJURY BEET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET		CITY OR	IOWN	COUNTY	ST	TATE
ļ		22a I certify that (1) saw the decease above, (1) (we) (c	ed alive an.	· 7-13	19			opinion d	eath occurred on the	date and ha	19.00 ior and from the	that (1) (w causes sta	
,	d	226. SIGNATURE	初	Mellen	n		DEGREE ATTEN PHYSI			AFF ICIAN []	22c. DATE	SIGNED	200
		22d PHYSICIAN'S N.	AME (TYPE OR	1 .	AND M	.0.	22e. ADDRESS 7200	N.	Point	Re			
Ü		URIAL, CREMATION,	REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMA	ATORY	234 LOCATION	1910	COUNTY	St	TATE
	Bu	rial		8/15/1		k Law	n Cemeter		Baltimor			Maryla	
	24. FU	NERAL DIRECTOR E	ouda-R	uck, In	C . ADDRESS			250 DATE	0 0	R 25b. REGIS	TRAR'S SIGNAT	URE	
) 1	79	22 Wise Av	renue	Dund	alk, Mary	rland	21222	AUI	6 1 5 1986	Juna	maletta is		

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TO FUNERAL DIRECTOR. After



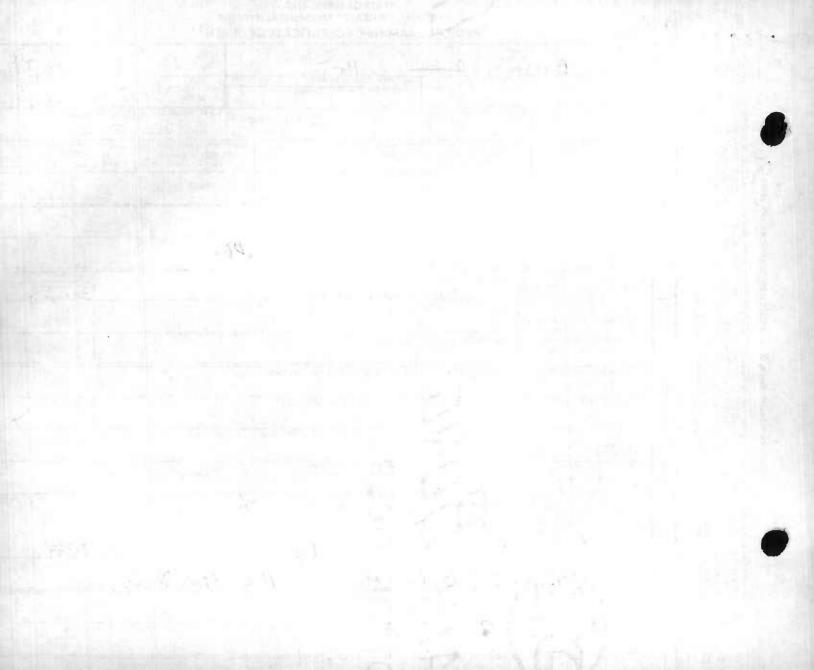
STATE OF MARYLAND

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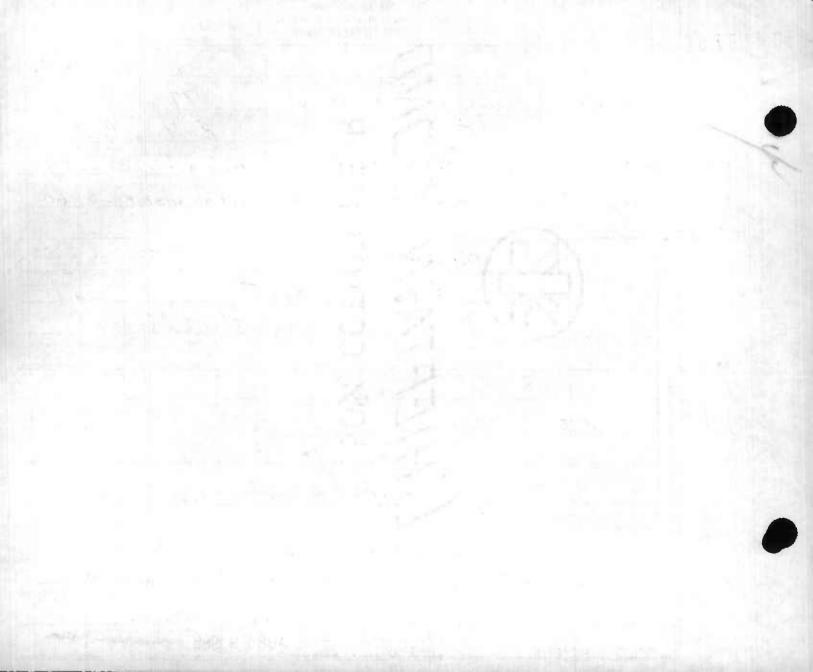
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Baltimore, Maryland Leonard J. Ruck. Inc.

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			FOR STATE			DEPARTM							0 1	12 1	e e	
00-11	769		REGISTRAR		ME	DICALE	XAMIN	ER'S CE	RTIFICA	ATE OF	DEATH	REG.		•	, ,	
00 1	7100		CEASED NAME E OR PRINT)	FIRST	BERNICE	WIDDIE		LAS	HAR	TS	2e. DAT		-		YEAR 2b	HOUR
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	第2日支援	3. SE)	4. RACE	13.	DATE OF BIRTH	YEAR	AGE (IN YEA			UNDER 24			MONT	H DAY	YEAR 2d	HOUR
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	IS NECESSARY, PLEASE FUNEARD DIRECTOR. E 5 FOR YOUR FILES. OWITHIN 72 HOURS I W PRESTON STREET,	1.0	RYLAND		USA		5/2	WIDOWED		DIVORCED	□ Bi	ALTIMO	RE CC	UNTY		MD.
	ER DEATH, IF AND DELAY IS NE PAGES 1, 2 AND 3 TO THE FU ORA WAY 3. RETAIN PAGE 5 IS YAND 2 SHOUD BEFILED. ON OFWITAL RECORDS 231 W		TY OR TOWN OF DEATH	н 11	NAME OF HO						usual occ	CUPATION		K 12h KIND	OF BUSINE	
-	A TO BE STA	G	ARRISON	6	"REISTE	RTOWN	RD DRESS)				FOR MOST OF V	TOR		REA	L EST	יאיד
1 60	SDE TO	USUA	AL RESIDENCE (IF IN NURSI	ING HOME OR O'				NI .								
120	Z O E E O	13a S	TATE 13	BE COUNTY		13c. CITY O	OR TOWN	130	d. INSIDE CITY	proving	e. STREET ADD	DRESS				
()	SHOW TO BE		RYLAND ATHER'S NAME	BALTY)	LBALI	TMORE			NO YII		TON F	ARMS	RD.	21208	
3	H-895	14. F/	FIRBERNARD	M	AIDDLE	RADIN	AST	13	MOTHER	SMAIDEN	NAME	MIDDLE		LAS	1	
ORE	A 82 4 8 0								IN UE COLLEGE		8			SELWYN		
BALTIMORE	DURS AFTER DEATH. 18. GIVE PAGES 1, 2, with FORWARM AIT. PAGES / AND 2, E, DIVISION OF WITA	16a, V	VAS DECEASED EVER IN	I U.S. ARMED IF YES, GIVE WAR	O FORCES?	16b_SOCI	AL SECURITY	NO. 17	. INFORMA	ANI	DR. A	LAN H.	HART	r		
IA	JRS AFTER 3. GIVE PA WITH FOR T. PAGES DIVISION		NO			214-	36-911	3	3616	ANTON	FARMS		BALTY		2120	70
	HOURS M 18. G NG WIT RMIT. P. I.L.		18 CAUSE OF DEATH	(Enter only o	ne couse per lin	e lor (a), (b),	ond (c).)	0						APPRO	NONSET AND	RVAL DEATH
PRESTON ST.,	VOULD BE EXECUTED WITHIN 24 HOW RD "PENCIL IN TEM 11 HEF MEDICAL EXAMINER ALONG USED AS A BURIAL "TRANSIT PERM! OF HEATH AND MENTAL HYGIENE, RRIAL, CREMATION, OR REMOVAL.	-	PART I DEATH WAS	MMEDIATE C		Gars	Cerolic	Sa	dru					Sma	2/2/2	
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TAL	SHOULD ORD FE CHIEF TOF HI	문												YES		0
DIVISION OF VITAL RECORDS.	TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE OF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 2120 PRIOR TO BU	CERTIFICATION	210 EXTERNAL CAUSE	WAS	21b. TIME C			21c. HOW	/ INJURY O	CCURRED (ENTER NATURE O	F INJURY IN ITEA	A 18 PART 1 OF) [] 140	73
0 2	SHERE		UNDERLYING OF	?		M. MONTH										
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I N	SEE	ME	WHILE NOT W	HILE [7		CTORY, FARM, ETC		STRE			CITY OF	TOWN		COUNTY		STATE
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	A HE SHE		220 I certify that I to	ook chorge o	f the remains de	escribed abov	e, held an	Autopsy	□. 1	Inspection	Inqui	iry .	and in my	apinian		
	NE REPER		death resulted fram:	Natural	couter	Accident	, Sui	cide	Hamicid	e . ı	Undetermined	manner [],			
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				STATE OF MAKILAND		
0-16769		FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	1 8 5 5
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) of 0	3. SI	and the second of	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS
offe of The		2 /-	,	MONTH DAY YEAR	177	ONINS DATS HOURS MIN.
B ES	1	tymale	(aucusin	7 17 08	YRS.	
22 Ref	7a. E	COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
11/17		New York	USIT	WIDOWED NORCED	Balting	Comte Mo
2	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
3	1	Batto Co,	Saint Jose	ADDRESS) HOSP	Proprietor	Restaurant
1 2 200	130	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP CODE	
はきしゅう)	MD Har	- 11111AE		4/19 MCNABB	Rd. 21160
1 11	A M. F	ATHER'S NAME	1010	15 MOTHER'S MAIDEN NA		10. Dell 60
1 10/8//	V		MIDDLE	FIRST	MIDDLE	LAST
1/04	4	Calvin	Irela		1	ınknown
1 71 7/		WAS DECEASED EVER IN U.S. AR			ADDRESS	,Md. 21204
1 12 14	1	NO	(E WAR OR DATES) 079-05-	Ruth McOu	ade, 302 E. Jopr	21204
\$ 55 -CE			ily one couse per line for (a), (b) on		/- Joz B. Jopi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the second		DART 2 OTHER SIGNIEICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	That picture on constition one	L DI DARY I
ING PHYSICIAN The law require rathending physicion. ther this certificate has been sign os the buriol-tronsit permit. Then the nond Mental Hygiene prior to be orked or them 18 shows ony injury orked or them 18 shows ony injury	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART ITO
ony ony	7 4	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED
Was a per o	트	1/14	41.1.1			ING CAUSES OF DEATH?
The recio	E E	710 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121: HOW INTURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
Phys Phys		OR CONTRIBUTING CAUSE OF DEA	THOUSAND MONITOR OF	AY YEAR	TED [ENTER NATURE OF INJURY IN ITEM 18 PAR	ET I OR PART 2)
Sicla g pl riol-r riol-r frem	3	LIFEITHER NOTIFY MEDICAL EXAMINER		19 N/K		
his by	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
G P patter	2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE F	ARM, ETC)	en on lown	STATE
A A A A A A A A A A A A A A A A A A A			tal) attended the deceased from_	8/17 10 50	8/24	56 that (I) (wa) last
He S He		sow the deceased alive on	0/9.1	0/	death occurred on the date and hour	, 11101 (11 (we) 1031
hospit RECTC hed for tem 21		obove (1) (we) (did) (did no	t) view the Body ofter deot		Geom occurred on the date and hour	
o ho		226 SIGNATURE	~ /	DEGREE		22c. DATE SIGNED
the Do		1 plane	- I Some	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
The State of the s		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	. 1	. 1
o HOSP etoined the free function of the free function of the func		Duane S	meet MD	7620 y	ork Road Tous	n Maryland,
D = 24 1	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	21204
BP		Burial	8/28/86	Camp Chapel Cem	. Balto, Md.	COUNTY STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	9705	D = 3 250. DA	E REC'D BY REGISTRAR 25h REGISTR	AR'S SIGNATURE
(VRA 15, 4)	7 12	NAME	C.Wolver T.C.C.T.	Detail Road Al	1629 1986 Julia New	HOOM- House
(**************************************		SCHIMUNEK FU	NERAL HOME, Ba	lto, Md. 21236	(4	



page 3

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 5	2	Ò	5 /
		CEASED NAME FIRST Catherine	Mayor L	IETM	AST	August 24		YEAR	10: 17A
	3. SE)		Mary 1	5. DATE C	ciend)	August 24,		INDER 1 YEAR	IF UNDER 24 HRS
	J. JE			MONTH	DAY YEAR		MON	THS DAYS	HOURS MIN.
-	70. BI	Female IRTHPLACE STATE OR FOREIGN	White	COUNTRY?		65 9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	(COUNTRY)	TICA	MARRIE	D NEVER MARRIED	Baltimore (-		MD.
7	10. CI	Maryland ITY OR TOWN OF DEATH		TAL, NURSING HOME C		120. USUAL OCCUPATION	ON		OF BUSINESS OR
		Rossville		n_Square	Hospital	Housewi		INDUSTRY	
-		AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /			HEAT IS
		Md. B		ddleRiver	YES NO 17 *	526Wampl		212	20
4	14 FA	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME		LA	ST
1		Constantine		Friend	Lucy	ADDRE		ady	
		WAS DECEASED EVER IN U.S. A! YES, NO OR UNKNOWN)	VE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT				01001
		no			Howard Hei	m Sr. 303	Oberle		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	Care	diopulmonar	v arrest			BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (d)						1000
		Canditians, if any, which	DUE TO, OR AS A	ge right oc	cipital infar	ct			
		gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF					
		underlying cause last.	(c)		Accordance to				
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I	a
	CERTIFICATION						Total Indiana		
)	FICA	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		IG CAUSES	OF DEATH?
	ERTI	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJU	JRY	21c HOW INJURY OCCURR	YES NO NO	YES [LORPART 2)	NO 🗌
1		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DAY YEAR		(Elaier laviore of 1430)	THE HEAT TO TAKE	100, 201 2)	
	MEDICAL	I IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF IN.	JURY 19	211 LOCATION				
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that M (this hosp	oital) ottended the dece	eased from Augu	st 19 19 86	_, to August	24, 19.	86 .	that (we) last
	W	saw the deceased alive a abave, W (we) (did) (d	August 24	19 <u>86</u> , ar	nd that in 💓 (aur) apinian (death accurred on the do	ate and haur a	nd from the	causes stated
	*	226. SIGNATURE	0.		DEGREE		_	22c DATE	
	10	Sarah Z	. Ollen	N	ATTENDING PHYSICIAN	MEDICAL STAF	IAN	8/2	4/86
		22d PHYSICIAN'S NAME TYPE			22e ADDRESS	· C D	•	01007	
	22	Sarah L. Ow		122 11445 25 2	9000 Frankl		rive,	21237	
		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	24 FL	Burial UNERAL DIRECTOR	8/27/8	6 IOak La	wn Cemetery	E REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNA	ryland
	C	NAME	- 1 11 20	ADDRESS		629 1986	juha Nav	idoon-1	andelle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

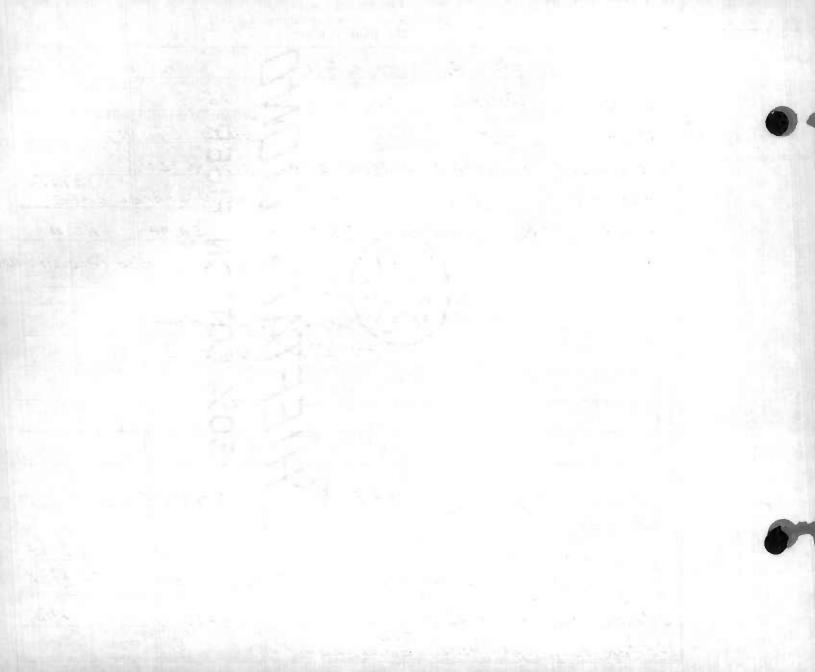
IMPORTANT: If Item 21 is

21221

Oak Lawn Cemetery Baltimore Maryland
256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
AUG 29 1986 June Builden Andrew
1200 Ave. 21221

AUG 2.9 296 particular description

DR TOWN OF DEATH DR TOWN OF DEATH DR TOWN OF DEATH DR TOWN OF DEATH ESIDENCE IF NURSING HONDOR OR ER'S NAME FIRST ARRY DECEASED EVER IN U.S. ARA KOOR UNKNOWN (IF YES, GIVE IMMEDIATE DONALL OF DEATH LENTER ON PART 1. DEATH WAS CAUSED IMMEDIATE ON ON ON ON ON OR	MIDDLE THE PROPERTY OF WHAT COUNTY U.S.A. TI. NAME OF HOSPITAL, NUR OTHER INSTITUTION GIVE RESIDENCE BE ITY MIDDLE MED FORCES? WED FORCES? LAST WED FORCES? LAST WED FORCES? LAST LAST LAST WED FORCES? LAST LAST LAST LAST ALT OTHER INSTITUTION GIVE RESIDENCE BE LAST ALT OTHER INSTITUTION GIVE R	S. DATE OF AMOUNT OF AMOUN	DAY YEAR 18 1900 NEVER MARRIED DIVORCED OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION TO THE I	REG. 20. DATE OF DEATH 6 AGE (IN YEARS LAST 8 9 BALTIMORE CITY BALTO. 170 USUAL OCCUPA 170 USUAL	MONTH DAY 8 6 BIRTHDAY) IF UNDE VRS OR COUNTY OF DE C	KIND OF BUSINESS OR USTRY
SED NAME FIRST PLACE (STATE OR FOREIGN 1) PLACE (STATE OR FOREIGN 1) PROWN OF DEATH DESCRIBENCE IIP NURSING HOW OR INTERPRETATION OR UNKNOWN) DECEASED EVER IN U.S. ARA NO OR UNKNOWN) CAUSE OF DEATH Enter only PART 1. DEATH WAS CAUSED IMMEDIATE ON OR UNKNOWN 1 (IF YES, GIVE	A RACE WHITE Th CITIZEN OF WHAT COUNTE U.S.A., 11. NAME OF HOSPITAL, NUR PENDT IN SUCH FACILITY, GINE STE WIFT MIDDLE MIDDLE WARD FORCES? E WAR OR DATES) LAST WHO FORCES? E WAR OR DATES) Uy one couse per line to D BY. DUE TO, OR AS A CONSEC (b) DUE TO, OR AS A CONSEC (c)	MONTH DEC RY? 8 MARRIED WIDOWED RSING HOME OR REET ADDRESS) FFORE ADMISSION OWN 1 2 ECURITY NO. 1 3 -3488 THE REET ADDRESS OURNCE OF 1 XXXX	DAY YEAR 18 1900 NEVER MARRIED DIVORCED OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION TO THE I	20. DATE OF DEATH 6 AGE (IN YEARS LAST & 90 95 9 BALTIMORE CITY BALTO. 170 USUAL OCCUPA (TYPE OF WORK FOR MOST KOPPERS S? 130 STREET ADDRESS 3 10 N. MIDDLE ADD PARKINSON	MONTH DAY 8 6 SERTHDAY) IF UNDE VRS OR COUNTY OF DE COUNTY OF DE COUNTY OF DE ITON ITON ITON ITOPWORKING LIFE! IND STATE AND EL MMA RESS 1530	RIVEAR IF UNDER 24 HRS. DATS HOURS MIN. ATH KIND OF BUSINESS OR USTRY 21229 ATE AST REID RENDLETON
PLACE (STATE OR FOREIGN) PLACE (STATE OR FOREIGN) PROWN OF DEATH (IF YES, GIVE IMMEDIATE ON TOWN OF DEATH PART 1. DEATH WAS CAUSED IMMEDIATE Onditions, if ony, which ove rise to immediate pass (o), stating the adellying couse lost.	MED FORCES? E WAR OR DATES) DUE TO, OR AS A CONSECTOR. I RACE JAN OTHER INSTITUTION GIVE RESIDENCE BE WAR OR DATES) DUE TO, OR AS A CONSECTOR. (c) DUE TO, OR AS A CONSECTOR.	MONTH DEC RY? 8 MARRIED WIDOWED RSING HOME OR REET ADDRESS) FFORE ADMISSION OWN 1 2 ECURITY NO. 1 3 -3488 THE REET ADDRESS OURNCE OF 1 XXXX	DAY YEAR 18 1900 NEVER MARRIED DIVORCED OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION OTHER INSTITUTION TO THE I	BALTIMORE CITY BALTO. 170 USUAL OCCUPA (TYPE OF WORK FOR MOST KOPPERS S? 130 STREET ADDRESS 310 N. NAME MIDDLE EN ADD PARKINSON	OR COUNTY OF DE	ATH KIND OF BUSINESS OR DUSTRY ATE DATE ASTELL D PENDLETEN
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ESIDENCE IP NURSING HOW OR OF THE STATE OF T	MED FORCES? WED FORCES? E WAR OR DATES) By one couse per line to the date of the date o	OWN COUNTY NO. OUENCE OF OUENCE OF XXXX	3d INSIDE CITY LIMIT YES NO SOME NO SO	S? 130 STREET ADDRESS 310 N. NAME MIDDLE ADD PARKINSON	MMA RESS) 1530	REID RENDLETON
RES NAME FIRST ARX DECEASED EVER IN U.S. ARA NOOR UNKNOWN) (IF YES, GIVE IMMEDIATE ON TO THE PROPERTY OF	MED FORCES? MED FORCES? E WAR OR DATES) I 6b. SOCIAL SE 2 14 - 0. Iy one couse per lime to D BY. DUE TO, OR AS A CONSEC (b) DUE TO, OR AS A CONSEC (c)	OUENCE OF T	SAXXAXXXX	NAME NO DE NAME NO DE PARKINSON	MMA RESS) 1530	REID PENDLETON
DECEASED EVER IN U.S. ARA OOR UNKNOWN) (IF YES, GIVE CAUSE OF DEATH LENter onl PART 1. DEATH WAS CAUSED IMMEDIATE onditions, if ony, which ove rise to immediate suse (a), stating the adellying couse lost.	MED FORCES? 166. SOCIAL SE E WAR OR DATES) Ly one couse per line to D. BY: DUE TO, OR AS A CONSECTION OF A	ECURITY NO. 3-3888 OUENCE OF J	CAROLY IT INFORMANT DO NALD XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PARKINSON	RESS 1530	PENDLETON
CAUSE OF DEATH. Enter onl PART 1. DEATH WAS CAUSED IMMEDIATE onditions, if ony, which over rise to immediate suse (a), stating the inderlying couse lost.	WED FORCES? E WAR OR DATES) By one couse per line to the date of	OUENCE OF 17	TINFORMANT DENIALD SLAG XXXXXXXXXXXXXX	PARKINSON	RESS 1530	PENDLETON
CAUSE OF DEATH. Enter only PART 1. DEATH WAS CAUSED IMMEDIATE onditions, if ony, which over rise to immediate puse (a), stating the indellying couse lost.	ly one couse per limits D BY: E CAUSE (a) DUE TO, OR AS A CONSEC (b) DUE TO, OR AS A CONSEC (c)	OUENCE OF 17	Fail Sens	w.	<u></u>	
CAUSE OF DEATH IENter only PART I. DEATH WAS CAUSED IMMEDIATE onditions, if ony, which ove rise to immediate suse (a), stating the idelying couse lost.	(b) DUE TO, OR AS A CONSEC	OUENCE OF T	Fail Sens	w.	<u></u>	
PART 1. DEATH WAS CAUSED IMMEDIATE conditions, if ony, which over rise to immediate buse (a), stating the indellying couse lost.	D BY. E CAUSE (a) DUE TO, OR AS A CONSEC	QUENCE OF 17	Janes Sersi XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	POL <	5_	
onditions, if ony, which over rise to immediate suse (a), stating the adeilying couse last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	QUENCE OF 17	Seed.	POL		
ove rise to immediate ouse (a), stating the inderlying couse lost.	(b)	QUENCE OF 17	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	WKAAAKKAXAX-		
ouse (0), stating the nderlying couse lost.	(c)	XXX	XXXXXXXXX	- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	mor A b	
	(c)	TO DEATH BUT N	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	mor A D	
RT 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT N			4	
			OT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN IN	PART No
DATE OF OPERATION	195. CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
				YES NON	IN CERTIFYING C	CAUSES OF DEATH?
ACCIDENT WAS UNDERLYING			21c. HOW INJURY OC	CURRED (ENTER NATURE OF IN		
CONTRIBUTING CAUSE OF DEAT		DAY YEAR				
I INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		50	
HILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFI	ICE FARM ETC)	STREET	CITY OR	1 191	UNIY STATE
	tol) allended the deceased from	m //-	7-30 10	10 8-12	3-00 10	that (t) (we) los
saw the deceased alive on_	0-11-06		that in (my) (our) opi	nion death occurred on the	date and hour and f	rom the couses stated
						c. DATE SIGNED
INN	MC	appre	ATTENDIN	NG MEDICAL ST	AFF	2-17-80
I PHYSICIAN'S NAME (TYPE OR	R PRINTI			IN DIRECTOR LIPHYS	I I AN I	- //-
aring s			22e ADDRESS			0
	SE IN	902	3350	Wilse	ens 6	Dr. Bul
AL CREMATION REMOVAL	123h DATE 12	SOL NAME OF CE	3350	with	ens b	Dr. Bul
AL CEMATION, REMOVAL		SON WESTV	3350 METERY OR CREMATO	with	em.s de	Dr. Bul
	obove. (I) (we) (did) (did no	obove, (I) (we) (did) (did not) view the body ofter death.	ond obove, (I) (we) (did) (did not) view the body ofter deoth. SIGNATURE Cert appre	obove, (I) (we) (did) (did not) view the body ofter deoth. SIGNATURE Cert appressed by Dr. ATTENDIN	obove, (I) (we) (did) (did not) view the body ofter death. Cert appressed by Dr. A. Dixon ATTENDING MEDICAL ST.	obove. (I) (we) (did) (did not) view the body ofter death. SIGNATURE Cert_appresses by Dr. A. Dixon



DIVISION OF VITAL RECORDS, 201 W.

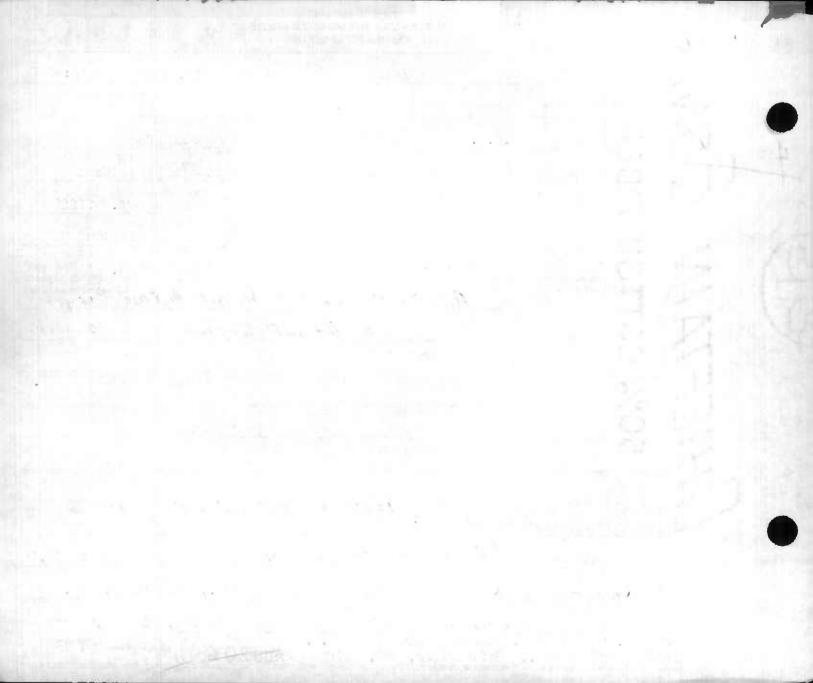
FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

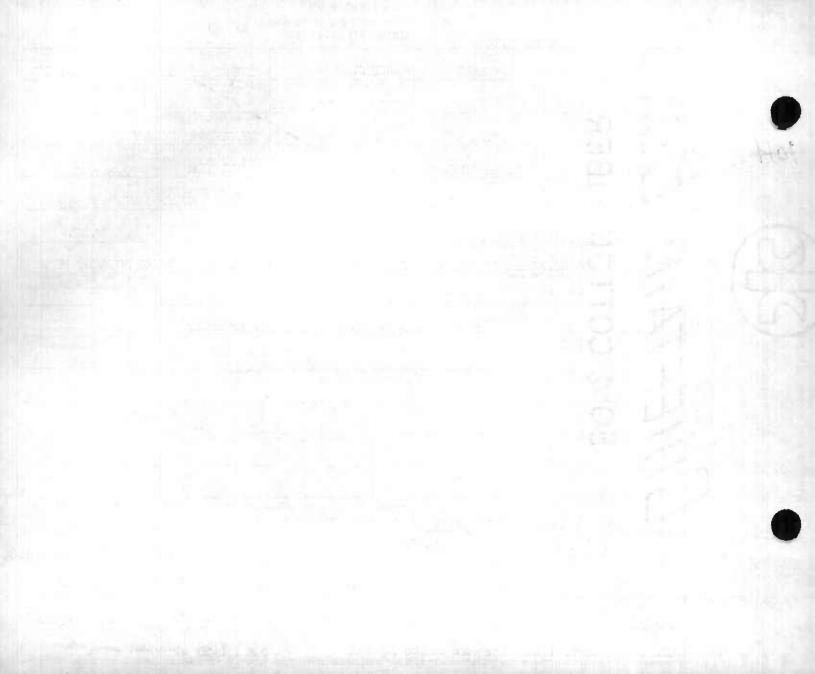
REGISTRAR				REG. NO				
DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR	
Ele	anor	Hines		August 15,	1986	5	6:45	P_{M}
1.5EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24	HRS
Female	White		th 12, 1889	97	YRS		HOURS	WIN.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_	OF DEATH		
Maryland	u.s.A.	WIDOWE	ED DIVORCED	Baltimor	e Co	unty		MD.
Catonsville	IT NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Ridgeway Mar	EET ADDRESS)		Housewif	ON FWORKING LIF		F BUSINESS	SOR
13a STATE 13b COU	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		13: STREET ADDRESS / 320 Martin	ZIP CODE			
Maryland City	Baltimo	ore	YES X NO		gale i	Ave. 2	1229	
Benjamin	Spurrier Spurrier		Henrie	MUDDIE		Unknown	1	
60 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST		17 INFORMANT	ADDRE			+1 11	
(IESNOOR UNKNOWN) (IF YES GO	213-74-	-0350	Douglas Hines	s - 11 Fair	field	Dr. 2	1228	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line largar, (b),	and ici	SCLEXATIC	VEAR	DISEN	-	MATE INTERVA	ATH
IMMEDIA	TE CAUSE (a)	C 12(0.	3 CHERO! 1C	10 CINCI	13673	34 /	o yrs	
8 JALLA 5-3	DUE TO, OR AS A CONSEC	DUENCE OF	- VIEART	heren		1	wee.	6
Canditions, if any, which gave rise to immediate	(b)		c do stal	Chock		-	wee,	-
cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF						
underlying cause last	(c)	WAY.						
	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	D.	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING								
5 190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YING CAUSES		2
Ē				YES NO X	YE		NO 🗌	
210 ACCIDENT WAS UNDERLYING		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	EY IN ITEM 18 F	PART I OR PART 2)		
OR CONTRIBUTING CAUSE OF DE	ALIE .	19						
(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED ,	21e PLACE OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STA	
NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	CE FARM ETC)	STREET	CITYORTO	MM	COUNTY	SIA	16
	ital) attended the deceased from	· 8c	PT 10 10 198	5 10 AUG 1	5	1096	that (I) (we) lost
saw the deceased alive an	1406 14 19	and .	nd that in (my) (our) opinian d	leath accurred an the do	te and hou			
above, (1) (we) (did) (did no 22b SIGNA/URE	view the body ofter death.		DEGREE			22c DATE		
Maria	Aklem	ran		MEDICAL STAF	F		st 16.	10
22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)		PHYSICIAN D	DIRECTOR PHYSIC	IAN	Thugu	52 10	, 17
NORMAN	n	IANI	3803 Edmonds	on Ave., 1	Baltin	nore,	MD.	
30 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		COUNTY	sta	TE
Burial	Aug. 18,1986	Loudon	Park Cemeters	Baltimor	2, C	ity Mar	yland	
Lencoral Mrector Russel	e C. Witzke Fur	reral H	omes P.A. 250 DATE	REC'D. BY REGISTRAR	255 REGIST	RAR'S SIGNAT	Herdalin	
1630 Edmondson Av	e., Catonsvill	ce, MD	. 21228 Al	1620 1900	1			

DHMH - 16 60M 7/84 (VRA 15, 4)



	1.	FOR	D		OF MARYLAND EALTH AND MENTAL HY	GIENER A 2	1 4 6 0
1-15133		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	1 0 0 0
m.e		CEASED NAME FIRST	WIDDLE		AST NIZI IZ	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge (EARL			NKLE	<u> </u>	12, 1986 9:15
ctor. po	3 SEX	MALE	4. RACE WHITE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	MONTHS DAYS HOURS MIN.
1 11 00		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	LINTRY? 8		9 BALTIMORE CITY OR COUNT	Y OF DEATH
# 15	/	lest Virginia	U.S.A.	WIDOWE	DI DIVORCED		unts MD.
10		TY OR TOWN OF DEATH		NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	125, KIND OF BUSINESS OR
5 3/0/		liddle River	9809 E. Ta	ailspin La	ane 21220	Coal Miner .	Coal Mining
d is do	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b CO		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	DE
fille				lle River	YES NO	9809 E. Tailsp	in Lane 21220
th A	14)FA	THER'S NAME	WIDDIE	£AST	15. MOTHER'S MAIDEN N.	AME	LAST
ted to the ted	1	Lorenzo		Hinkle	Etta		Lantz
executed		VAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (15 YES,	ARMED FORCES? 16b. SOCI GIVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRESS AD	t. E 21220
9 6 6		NO	160-	-12-6199_	Margery O.	Hinkle 9809 E. T	ailspin Ia.
ysic ope ovol		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for to	1, (b), and (c).1	. 1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph onp		IMMED	ATE CAUSE (0) (CET	ebrovosce	lar Useas	e	S years
th condin			DUE TO, OR AS A CO	NSEQUENCE OF .	D 600 1	1 1 - "	U
deo		Conditions, if ony, which	((b) asso	ceated w	the Black	Lug Hisecise	
y the se rem cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF		0	
gned b en plea burial,	_	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
requestrate si The or to	ē	Black	my Disea			Table All TORGY?	EC MEDE EINIDINGS (1955)
low s be e pri e pri	CERTIFICATION	19a. DATE OF OPERATION	IM ONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The iction is it possible by Shering in the house of the shering is the shering in the shering i	E .	71a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		12), HOW IN HIRV OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	(ES NO
phys hifteo ol Hy ol Hy		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON		THE HOW HAJORI OCCU	(ENTER MATURE OF INJURY IN THEM IS	PARTION PART 2)
rSICIAI ing ph certifi uriol-tr Aentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAME 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION		
er this ond A	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR		STREET	CITY OR TOWN	COUNTY STATE
Or or se os se os mor mor		22a. I certify the (1) this ho	spital) attended the decease	d from NOV-	11 19 81	, to AUG. 12	, 19 6 , that (I) (we) lost
TTEN Sitol TOR for u		sow the deceased alive	on DUNE	19 86,0	nd that in (my) (our) apinion	n death accurred on the date and ha	our and from the causes stated
OR ATT e hospit DIRECTO ched fo Dept. of them 21		22h SIGNATORE	11/		DEGREE		220 DATE SIGNED
4		(1 mm K	must		MD. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8/12/86
SPITAL SP		224. PHYSICIAN'S NAME (TY			22e ADDRESS		
H H H H O		CRAIG R. SM	TH, M.D.		Osler 503;	Johns Hopkins Ho	spital; Baltimor
O ap C de w ₩		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	8/13/86	Buenah	Cemetery	Davis Tuck	
DHMH - 16 60M 7/B4	24 F	JNERAL DIRECTOR		ADDRESS	11114	ATE REC'D. BY REGISTRAR 25b. REGIS	
(VRA 15, 4)	F	Jubbard Funera			ens Ave. A	UG 13 1986 Juhan	Davidson-Almpians

Controvers Diese 17/11/18 × 100



them 18 shows any injury, or other traumatic event, th

FOR - STATE REGISTRAR

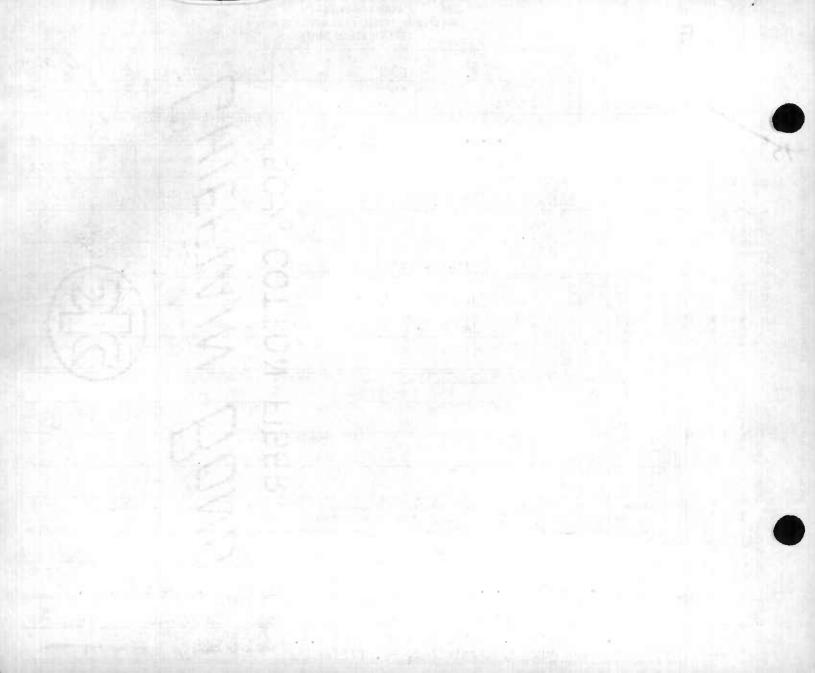
STATE OF MARYLAN	١.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO.

		CEASED NAME	FIRST	A	AIDDLE	Į.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	ALBEI	RT	P.	HOCK			August	19. 1	986	6 a.m
	3. SEX	(4 RACE	3 3 4 1	5. DATE C			6. AGE (IN YEARS LAST		IF UNDER TYEAR	IF UNDER 24 HRS
		Male	300	White		Apri	e 2,	1925	61	YRS.	MONIHS DAYS	HOURS MIN.
-		RTHPLACE I STATE OF	REFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER	440000	BALTIMORE CIT	OR COUNT	Y OF DEATH	
5		Maryland		u.s	.A.	WIDOWE	4.7	VORCED	Balt	imore (County	MD.
1	10 CI	TY OR TOWN OF DE	ATH		OSPITAL, NURSIN		ROTHER INS	NOITUTION	120 USUAL OCCUP	ATION	12b. KIND O	F BUSINESS OR
1		Catonsvil			cust Driv				Owner of work for mo	STOT WORKING E	Liquor	. Store
	13a S	AL RESIDENCE (IF NUI	136 COUN	VTY	13c CITY OR TOW	N	13d INSIDE C		13e STREET ADDRES	SS / ZIP COD	E .	
)	$\overline{}$	Maryland	Bal	timore	Catonsvi	lle	YES 🗌	NOXX		cust D	rive :	21228
1	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER"	S MAIDEN NAM	E MIDDU		LAS	T
		Jose		J.	Hock	E F	V. USI	Veronic			Kenn	redy
		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT			ills Roc	
		No			217-22-2	2776	Roxa	nne Nasi	h Catons	ville.	MD. 2	1228
3		18 CAUSE OF DEA	TH Enter or	ly ane cause per	line for (a), (b), and	و انعاط	Λ				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH		E CAUSE (a)	profes	we	lear	t fail	une		seve	ral mont
				DUE TO, OI	R AS A CONSEQUE	NCE OF		0 .			10000	al Hear
		Conditions, if an		(b)_	Corone	and o	aux	aus	ense		XIX	0.00
		gave rise to in cause (a), stat		DUE TO, OF	R AS A CONSEQUE	NCE OF					100	
		underlying cous	e last	((c)_				10.00	× 76			DESCRIPTION
	7	PART 2 OTHER SIC	SNIFICANT (CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERMIN	VAL DISEASE OR C	ONDITION GI	VEN IN PART 1	a '
	CERTIFICATION	NP	4						and the second			
9	ICA	19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		S, WERE FINDIN	
	RTIF	IOA							YES NO		ES 🗌	NO D
		OR CONTRIBUTING			FINJURY M. MONTH DA	YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PART 2)	
1	CAL	(IF EITHER NOTIFY ME			М.	19				200		
1	MEDICAL	21d. INJURY OCCU		21e PLACE (OF INJURY	ARM, ETC)	21f LOCATIO	N	CITY O	RTOWN	COUNTY	STATE
	~	AT WORK AT W	ORK ORK									
		22a. I certify that (Co a car		111	5	1936	_, to	18		that (I) (we) last
		saw the deced obove, (1) (we)		it liew the bady		86, ar	nd that in my	(aur) apınıan dı	eath accurred on th	e date and ha	ur and from the	causes stated
		226 SIGNATURE	0	200		1	DEGREE	ATTENIDING A	MEDICAL	TACC	22c DATE	SIGNED
		1 / Vac	X	ne na	wman				MEDICAL S DIRECTOR PHY	SICIAN		
		22d. PHYSICIAN'S N					22e ADDRES					21202
7		Mary M.	. Newm	an M.I					e Street,	Balti	more. Mi	0.
		SURIAL, CREMATION	, REMOVAL				EMETERY OR		23d LOCATION CITY OF TOWN	4	COUNTY	STATE
		Burial		8/22/8				Cemete		timore	1	Maryland
	24 LF 6	HERALDIRECTOR &	Russ	ell C. U	litzke Fu	neral	Homes	P. ASO. DATE	620 198	AR 25b. REGIS	TRAR'S SIGNAT	URE
	16	330 Edmond	tson A	venue, Ca	tonsville	2. MD.	. 21228	3	020 30	7	ment dan ent	Co. Marie

DHMH - 16 60M 7/84 (VRA 15, 4)



			STATE OF MARYLAND	
0 = 1	7041	1 - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	2 6 6 3
0 ., 1	1041	1. DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MO	10 110011
	oy be	DR. HOV		31 86 1:45a _M
	ctor, po	3. SEX Male	White S DATE OF BIRTH 6. AGE (IN YEARS LAST BRIDD) S DATE OF BIRTH OAY 1902 84	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
	是我	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED □ 9 BALTIMORE CITY OR COUNTRY? WIDOWED □ DIVORCED □ BALTIMORE	OUNTY OF DEATH
6	1 190	10. CITY OR TOWN OF DEATH Towson	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridan Multi-Medical 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W. Physician	12b. KIND OF BUSINESS OR
ND 212	24 hours	13a. STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	minary Ave.21093
BALTIMORE, MARYLAND	100	Howard Hanf		Wood LAST
MORE,	(*)/			4507 Roland Ave. Balto. Md.
PRESTON ST., BALT	eoth certificent trending bhy we corbon poil on, or remove umotic event		only one couse per line for (o), (b), and (c), SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Domentia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W.	quires that the a signed by the o hen please remo to burial, cremot jury, or other tra	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	on. hos been t permit 1 tene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NOW	Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{T} \)
10F VII	g physicing physicing physicing certificate riol-transitions and the 18 shift	OR COLUMNIA CALIFF OF	DEATH HOUR A.M. MONTH DAY YEAR	(TEM 18 PART T OR PART 2)
NOISION	offendir offer this os the but the ord Mond Mond Mond Mond Mond Mond Mond Mon	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
	ATTENDII ospitol or ECTOR: A ed for use of or. of Heolt im 21 is mo	22a.1 certify that (1) this has sow the decreasion above (1) w	pital) attended the deceased from 19 20 to 30 miles that be my our) opinion death occurred on the date	, ma (ii) may now
	TO HOSPITAL OR retained by the high properties about the State Director with the State Depring Management of the State Depring	224 PHYSICANS NAME (198	Maddless Director Physician M. Shorofsky 660 Kenilworth Drive,	Sept.1,1986
	BP	230 BURIAL, CREMATION, REMOVA	9-1-1986 Green Mount Baltimore	City, Md. STATE
	DHMH - 16 60M 7/84 (VRA 15, 4)	74 FUNERAL DIRECTOR NAME Henry W. Jenk	ins & Sons Balto. Md. 21212 SEP 3	REGISTRAP'S SIGNATURE

I VI - ADESH OF FIRE LIVE I 1361 elti ord bounty, For an Allinerical Phrisin Action Paryland Baltin one unarville > 800 W. Saminary - vs. 11.68 Hours Hanfor Hopin III liss . Wood 46 7 FO 7. V3. . Hower transfer verification

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West, 1, 12020

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(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH Bennie TYPE OR PRINTS Smith ennie 3.5EX 4. RACE F GNOER LYEAR white DAYS 69 BACTIMORE CITY OR COUNTY OF DEATH MINTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia USA 17h KIND OF BUSINE NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Chief-Util.Maint.Edgewood Arsnl. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

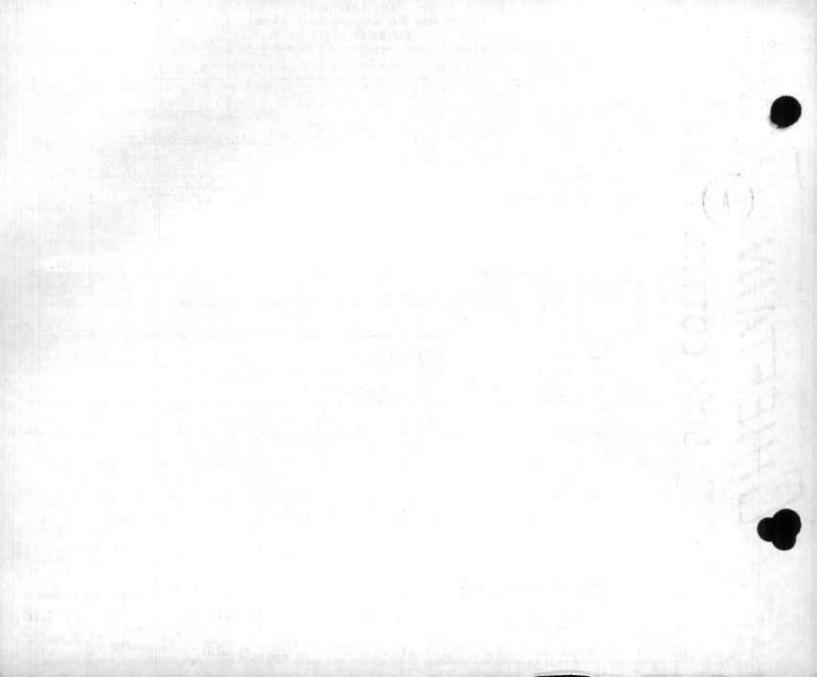
131. COUNTY

131. CITY OR TOWN Baltimore 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2809 N. Howard St. Marvland YES A NO 21218 LEATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Streagle Virgil Howlett Martha 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 21218 LYES, NO OR UNKNOWN 21.8-03-8168 Mrs. Carmelita Howlett 2809 N. Howard St. Balto Yes. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH II. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c). PART I. DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJUR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY REPT. FACTORY, OFFICE, FARM, ETC) 220.1 certify that (1) (this haspital) attended the deceased Iran and that in (my (aur) opinian death accurred an the date and have and fram the causes stated 226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL Aug. 9.1986 PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME THE OF PRINTS 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION entombment Aug. 13, 1986 Dulaney Walley Mem. Grds. Cockeysville Balto. County, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Mitchell-Wiedefeld Home 6500 York Rd. Bal. Md. (VRA 15, 4)

STATE OF MARYLAND

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810	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.									
	PECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
1 15	ANDREW	CARL 4. RACE	HULSEY 5. DATE OF BIRTH	AUGUST 5, 198	6 LO:00P M						
CATO	MALE	WHITE	MARCH 16, 1896	90	MONTHS DATS HOURS MIN,						
99	BIRTHPLACE (STATE OR FOREIGN COUNTRY) GEORGIA	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COU	UNTY MD.						
138	FORT HOWARD	11. NAME OF HOSPITAL, NURSIN VA MEDICAL CEN	TER"	120 USUAL OCCUPATION THE SUPERVISORY 126 WORKING LIFE AMUSEMENT PA							
) / / / Y	MARYLAND BALT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY IMORE 13(CITY OR TOW	N 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP C	CODE LLAGE/21229						
130		LONZO HULSEY	MARY	MDDIE .							
16a	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) YES (IF YES GIV	MED FORCES? 166 SOCIAL SECU EWAR OR DATES) 212 09 0		sey, 75 Oaklee							
Everat, #	18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE IMMEDIAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS									
avmatic	Canditians, if any, which	10 YEARS									
other	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DIABETES MELLITUS 10 YEARS									
ATION		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG ABOVE THE KNEE AMPUTATION, WOUND DEHISCENCE									
TIPICATI	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	N WAS PERFORMED 200 AUTOPSY? 206. IF YES NO X							
9 8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	A 18. PART : OR PART 2)									
/ WEDIC	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FA	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
	220 1 certify that X (this haspi	AUGUST 5 19	HINE 3 , 19 86 86 , and that in (nX) (aur) apinian	ta AUGUST 5	haur and from the causes stated						
	226. SIGNATURE Whivak	3 m		MEDICAL STAFF DIRECTOR PHYSICIAN	AUGUST 6, 198						
WPORTAL ATTACHED	ALEJANDRO RIV		VAMC, FORT E	IOWARD, MD. 210	52						
230	BURIAL, CREMATION, REMOVAL Entombment		don Park Mausoleum	1711 OD TOLLIS	Mary land						
7/84 Ht	FUNERAL DIRECTOR NAME Ubbard Funeral H	ome, Inc., 4107	Wilkens Ave. AU(TE REC D. BY REGISTRAR NO REG	GISTRAR'S SIGNATURE						



			FOR			EPART	STA	TE OF M HEALTH			YGIENE		•	. Q	6	7
01	5653		STATE REGISTRAR		MEI	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	POEAG	Н	REG. NO	0	0	
	**		CEASED NAM	E FIRST		WIDDLE	T 12 11	L	AST	V est	20	DATE KI	NOWN D	MONTH	DAY	YEAR 26. HOUR
	SE. SE. RS. LET,	1111	E OR PRINT)	Elma		В.		Hurtt				OF DEATH A	AATED	d	1519	8/2 1136 M
	PLEASE ECTOR FILES HOURS STREET	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE.			IF UNDER 2		DATE RONOUNC	ED	монтн	DAY	YEAR 2d. HOUR
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. DREYON STREET.		male	White	3-7-189	5	91 Y		DATS	HOURS		DEAD		8	1519	
	ESS THIN THE THINK	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO								R COUNT	Y OF DEA	TĤ //	
	NA STANDAR	Vi	rginia		USA	Telsi		WIDOWE		DIVORCE		5	ALT	200	VNO	
	DELA IS NE TO THE FU		TY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF W								OF WORK	OR IN	OF BUSINESS DUSTRY
3	S. S		odlawn		2034 Russell Ave. ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Homemaker											
5	AND 3 TO AND		TATE	13b. COUN		13c. CITY	ORTOWN	ON)	13d. INSIDE C			T ADDRESS				
21201	A S S S S S S S S S S S S S S S S S S S	_	ryland	Balti	more	Wood	llawn		YES 🗌	NO 🔀		4 Russ	sell	Ave.	2120	07
WO.	THE STATE OF THE	14.17	THER'S NAM		MIDDLE		LAST	11.10	IS. MOTHE	R'S MAIDEN		MIDE		1603	LAST	
ORE,	PAGES ORM NORM	16n V	U1 VAS DECEASE	nknown D EVER IN U.S. ARA	MED FORCES?	Phill	Lips DIAL SECURIT	YNO	17. INFORA	Rila		Folt	ADDRESS		nknow 2120	
BALTIMORE,	DURS AFTER DEATH, IF 18. GIVE PAGES 12. WITH FORM PM 3 T. PAGES 1 AND 2 DIVISION OF VIGHT	(Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)		9-10-96			Laura	ltimo		513 G:			
BAL	GIVE WITH P PAGE:	No	18 CALISE C	DE DEATH (Enter on	ly ane cause per line			39	MIS.	Laura	FLOI	imit O)13 G.	TIMOT		DXIMATE INTERVAL
ST.,	エメラモデ		PARTIDI	EATH WAS CAUSED	DBY:	TO P	200/00	oric.	Dog.	to Ve	2011	100%	200	00	BETWEEN	NONSET AND DEATH
NO NO	IN ITEM 1 IN ITEM 1 R ALONG SIT PERMIT HYGIENE,	T/A		IMMEDIA	DUE TO, OR	AS A CON	SEQUENCE	OF		ire e		11111	1 25-475	-	1	,,,,
PRESTON	I = ~ IS I >	13		ins, if any, which ise to immediate	(b)											
3	RENT RENT		cause (a) stating the <u>under-</u>		AS A CON	SEQUENCE	OF				1				
301	ECUTED VEN		lying car	use last.	(c)	4-4-4				15.55						
			PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PAR	T Tiol.					
RECORDS,	MEDIN MEDIN AEDIN AS A	CERTIFICATION														
AL R	CHEF CHEF TOF HE	ICA	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. AUT				
VITAL	S C 3 8 7 8 -	RT	21a EXTERN	AL CAUSE WAS	21b. TIME OF	INITIDY		1214 40	VA/ INI ILIBY	OCCURRED		YURE OF MUNIC	W 101 101 10 10 10 10 10 10 10 10 10 10 1			0 NO 0
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AIQ.	THIS CER WRITINI WARDED AGE 3 (TATE DE	ME	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, E	TC.)	ST	REET			CITY OR TOWN	4	COL	YTAL	STATE
	111 00 00 00	99			e of the remains desi	-2h - 1 - h -		A 11			0	[7	12		
	MARSHY.	6	death result		al causes	Accident		Autaps	y L.J. Homic	Inspection		Inquiry L		d in my ap	inian	
	EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE ARYLAND,		deamireson	6///	dicusses (Accident		reide,	LITLE (S		Ondeter	antied indi	ner,			
	MAN WAY		ACTUAL SIGNATURE	PUM	Mon	Ar	1	M.I	D	9054	MEDIC	AL EXAMIN	NER	DATE	1780	5/86
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OPDEATH REGISTRAR DECEASED NAME Za. DATE KNOWN 2h HOUR (TYPE OR PRINTS OF ESTI-Williams Turner Isaac Jr. 4 RACE 6 AGE (IN YEARS IF UNDER TYR 3 SEX DATE OF BIRTH JE UNDER 24 HRS DATE 78 YRS PRONOUNCED 13/08 White Male 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland USA. Baltimore WIDOWED [DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS Brookebury Dr. Salesman Retail Reisterstown Apt. 1D 21136 LISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? 23 Brookebury Dr. Apt. 1D Reisterstown Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Morrison Isaac Sr. Katherine Turner 17 INFORMANT 45 AUN RES Ritters Lane 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) Owings Mills, Md. 21117 212-03-7501 Richard E. Isaac 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL CXAMINER: THE EXECUTE THE CERTIFICATE, VAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PARTER DEATH, WITH THE STABAL MORE, MARYLAND, 2 22a I certily that I took charge of the remains described above, held an and in my opinion death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 9/3/86 Woodlawn Cem. Baltomore 25b. REGISTRAR'S SIGNATURE Eckhardt Funeral Chapel **DHMH - 17** Owings Mills, Md. 21117 (VR A15 ME (5)) 20M 4/82

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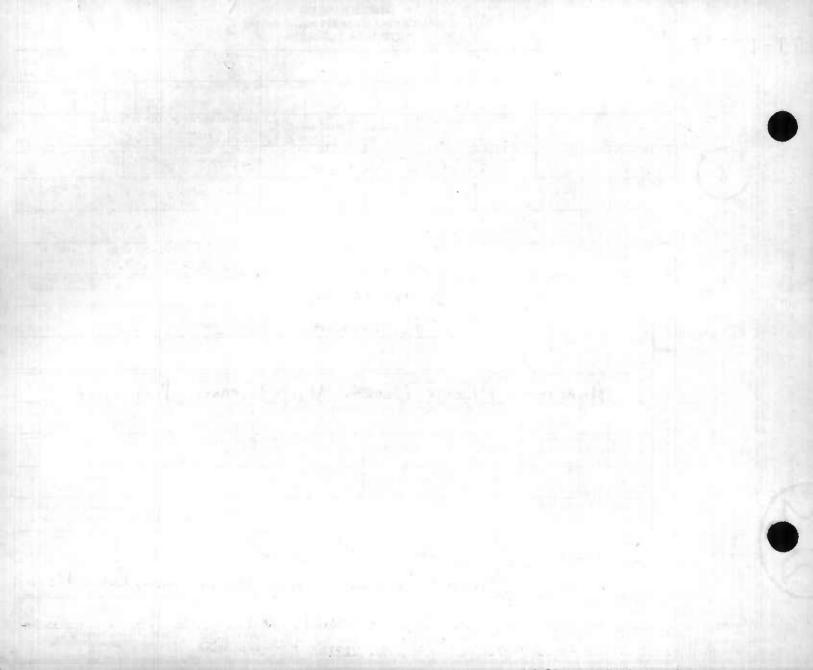
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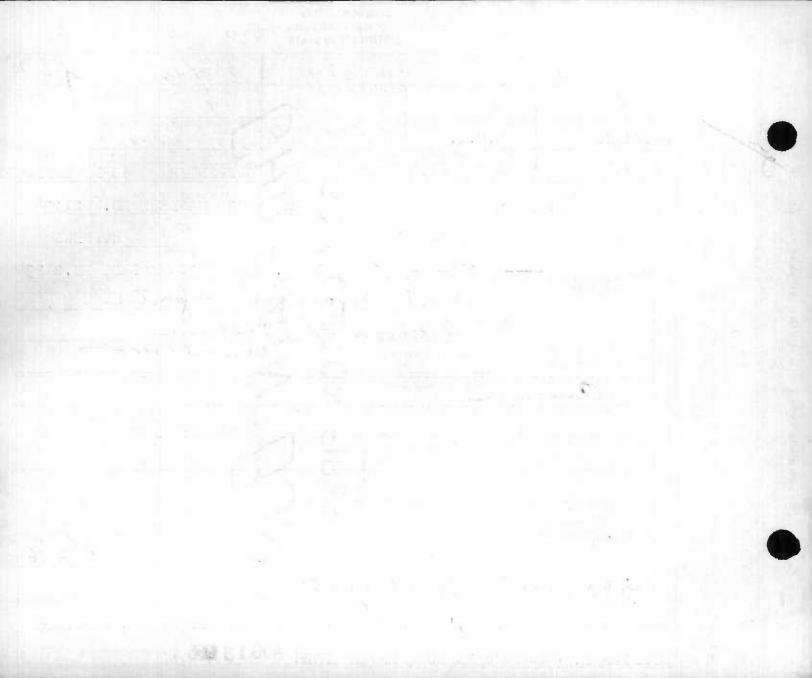
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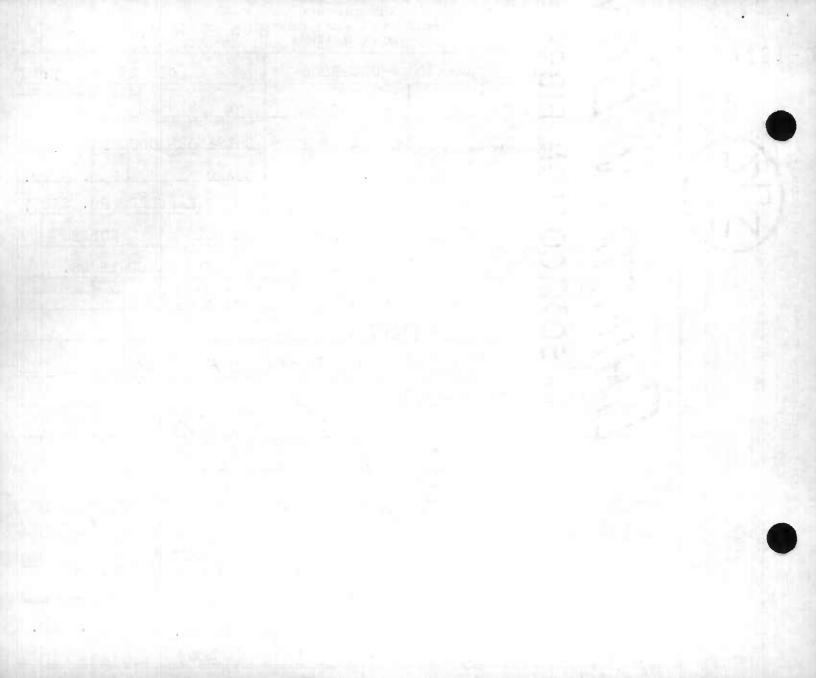
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TTE prito for of the set of the s		saw the deceased all above, (1) (we) (did) (ive on	new the body	ofter death	9	nd that in (my) (a	ur) opinion d	eath occurred on	the date and	hour and from	the couses stated
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DHMH - 16 50M 4/82 (VRA 1S, 4)		O1 GWYNNS FA					21216	AUG.	28 1986	gurere	William	21,50,500
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE E OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) FLORENCE **JENKINS** DEATH MATED 6 AGE (IN YEARS IF UNDER TYR DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 30 CHARLE STATES Th. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED BALTIMORE COUNTY. MD DIVORCED USA ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) TOWSON GREATER BALTIMORE MEDICAL CENTER NIA THE INCIDE CITY TIMESTS 13e STREET ADDRESS Se STATE COUNTY Baltimore 570 Radnor Avenue YES X 21212 M. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MADELE Henry Proctor Mary Winder ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 14b SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-32-0923 Earl Jenkins Radnor Avenue 18 CAUSE OF DEATH (Enter only one cause per) PART I DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection 2 EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND and in my opinion Natural causes Hamicide Undetermined manner DATE SIGNATURE EXAMINER'S NAME CHARLES O'DONNELL, M.D. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial MD National Mem Pk Laurel MD BP. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5)) 20M 4/B2

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sthe pol	1.58		4. RACE		5. DATE O	BIRTH /	6. AGE/INYEARSI		IF UNDER 1 YEAR	HOURS MIN.
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AL OR ATTE the hospito AL DIRECTO deroched for one Dept of I		saw the deceased alive or abave, (I) (we) (did) (did no 2011 SIGNA URE	at) view the bady of	ter death.			MEDICAL DIRECTOR P	STAFF	226. DATE	-
trained by TO FLINES.		THE PHYSICIAN'S NAME (TYPE	6 Ki	707	(2)	22e ADDRESS				
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DHMH - 16 60M 7/84 (VRA 15, 4)	1	ILLIAM E. JO	HNSON852	ADDRESS LOCH	RAV	. A	U6.13 108		WIGO -	





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- 14538	- STATE REGISTRAR		CERTIFICATE OF		REG. NO.	10/	dim
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nay be page 3 or death	()	AMES AI	vin Jenkins		08	03 86 8:	35 Am
Tagy ter o	3. SEX	4 RACE	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUR	DER 24 HRS
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Pod pod	To BIRTHPLACE (STATE OR		MADDIED ME NIEVE	R MARRIED 9. BA	LTIMORE CITY OR COUN		
	Maryland	U.S	·A · WIDOWED	DIVORCED		County	MD.
(W)	CITY OR TOWN OF DE	ATH IN NAME OF HOSPITA	L, NURSING HOME OR OTHER IN	(TYPE	ISUAL OCCUPATION OF WORK FOR MOST OF WORKING	126. KIND OF BUSH	NESS OR
5 1 122	Kandallston	57 Bato Cou		smal La	ndscaping		
VD 21	130 STATE	SING HOME OR OTHER INSTITUTION, GIVE RESIDENTS		CITY LIMITS? 13e.ST	REET ADDRESS / ZIP CO	DDE 0 . I	
AN STATE	IVA	Carroll W	oodbine YES [NO X	226 WOORB	re Load 2	1797
ARYL d with d with nd 2 s	4. FATHER'S NAME	WIDQIE	LAST 15. MOTHE	R'S MAIDEN NAME	WIDDLE	LAST	
mo omb	James		nkins	Bessie	May	Shiple	У
SALTIMORE, MARYLAND 2120 cote be executed within 24 horizon and completely filled in ppers. Pages 1 and 2 should the val. i. the medical examines hubt the int. the medical examines hubt the	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? 166. SO	7-16-0236 The			A = #42	
LTIM be be crs. Pe	No	4		Ima L. Je	nkins, San		
T., BAI	18 CAUSE OF DEAT PART I. DEATH V	H (Enter only one cause per line for /AS CAUSED BY:	(a), (b), and (c)	e biline	,	APPROXIMATE IN BETWEEN ONSET A	ND DEATH
S 5 000 0		IMMEDIATE CAUSE (a)	rdio lespiratos	y TMIWA			
W. PRESTON ST of the death certi of the attending F ss remove carbon cremation, or ren		DUE TO, OR AS A		4 Intertion		-1151 /6	
RES e att may natio	Canditians, if any gave rise to im	mediate		1 maccon			
o) W. PRESTON that the death ac d by the attendin lease remove carb inf, cremation, ari	underlying cause		CONSEQUENCE OF	Who copyal is	Cortion -	J. 164	
2 5 6 5	PART 2 OTHER SIG	NIFICANT CONDITIONS CONTRIBL	THE RIVER	7		GIVEN IN PART 1(g)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offerding physician. Stee this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior tab orked or Items 8 shows any injury		Aprilio Aneur	1 50 40	100			
ECO ow r	190. DATE OF OPERA	11.11.0	OR WHICH OPERATION WAS PER	FORMED 20s	AUTOPSY? 20b. IF	YES, WERE FINDINGS US	SED
TAL RE Icanor Sicion.	190. DATE OF OPERA			YE	S NO	YES \(\begin{array}{ll} \text{CAUSES OF DE } \\ \text{NO} \\ \\ \text{NO} \end{array}	
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	230 BURIAL, CREMATION, (SPECIFY)		23c NAME OF CEMETERY C		LOCATION CITY OF TOWN	COUNTY	STATE
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DHMH - 16 60M 7/B4		Burrier, Jr., S	ADDRESS		5 1986	ISTRAR'S SIGNATURE	Page
(VRA 15, 4)	onaries W.	Durrier, Jr., 5	ykesville, Md.	7,00	800	and the same of the	1.011

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6 STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH CEASED NAME 2b. HOUR Anna Theresa Johnson August 10 1986 DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER 1 YEAR DAYS MOURS YEAR July 27 1899 Caucasian 87 Female BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore County United States WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR HOPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore County General Hospital Randallstown ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore Randa I Istown 13d INSIDE CITY LIANTS? 13-STREET ADDRESS ZIP CODE ve 21133 Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Malter Walter Frank Vev Catherine Wilhelmina 17 NAS AN ACQUELINE A. O'Brieness 21133 16h SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 3717 Pikeswood Drive Randallstown Maryland 177-07-3655 D APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

90 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO T NO YES [71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH YEAR HOUR A.M. DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased live on 19 above, (1) (we) (did) (did nat) view the body after death. and that in (my) (aur) apinian death occurred an the date and haur and Iram the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS 22d. PHYSICIAN'S NAME LITTE OR PRINT GHA33EM

OUR MOTABRED

23c NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

23d LOCATION Baltimore

Maryland

8-13-86 24 FUNERAL DIRECTOR LOTING BYERS FUNERAL DIRECTORS, Inc. 8728 Liberty Road Randallstown, Marviand 21133

230 BURIAL, CREMATION, REMOVAL

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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Elkridge, Maryland 2122

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

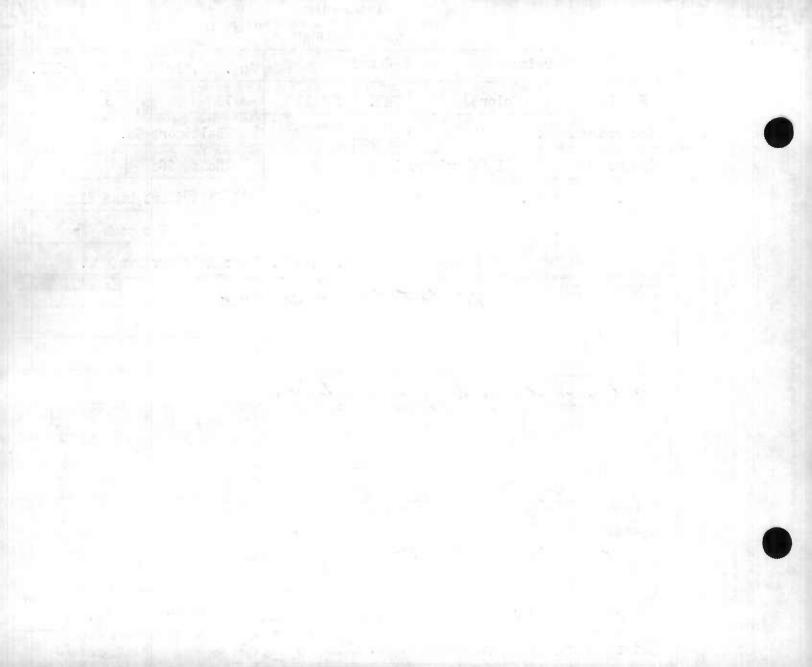
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age 4 ma rector, pa rs after d	3. SE	Female	Colored 2	Feb. 2	2, 1911 ^{EAR}	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
death. death.	Rê	elisterstown, Md	76 CITIZEN OF WHAT COUNTRY?	WIDOWED X	NEVER MARRIED DIVORCED		ore Co.	•	MD.
by the fulled within)Re	ity or town of DEATH eisterstown	11. NAME OF HOSPITAL, NURSIN (IF NOTIN SUCH FACILITY GIVESTREET)	ś°°Ľäne	HER INSTITUTION	(TYPE OF WORK FOR MOST O HOUSEW	ON THE THE	12b. KIND O INDUSTRY	F BUSINESS OR
AND 212	130	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR PTY CO. REISTEYS	town 134.	INSIDE CITY LIMITS?	31 STEE Calleri	ders La	ane 21	136
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BALTIMORE, ficate be execution and colors. Pages 1 and colors. Pages 1 and colors.	Nó	NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 217-24-		s. Jean L.	Jones Reist		n, Md.	
L RECORDS, 201 W. PRESTON ST., It has law requires that the death certifiers been signed by the attending phyermit. Then please remove carbon parent prior to burial, cremation, or remathows any injury, or other traumatic.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause ioi, stoling the underlying cause lost PART 2 OTHER SIGNIFICANT AND CONTROL OF OPERATION	DUE TO, OR AS A CONSEQUE TO TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONDITIONS CONDITION FOR WHICH	ENCE OF ENCE OF DEATH BUT NOT	disease		20b. IF YES, V	WERE FINDING CAUSES	
TO HOSPITAL OH ATTENDING PHYSICIAN retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the scruticiat should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygi	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF ETHER, NOTHEY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK 270. I certify that (I) (this hasp saw the deceased alive at above, (h) we) (did) (did not 27b. SIGN AT URE 272d. PHYSICIAN'S NAME (TYPE OF THE CONTRIBUTION OF THE CONTRIB	ATH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I 1101) ottended the deceosed from 19 21) view the body ofter deoth. OR PRINT) Sberg, M. D.	AY YEAR 19 211. ADTI 1 80 and the DEGR M. D 22e	ATTENDING PHYSICIAN ADDRESS 8630	city of tov to Aug. 22 death occurred an the do MEDICAL PHYSIC Liberty Pla illstown, Ma	ote ond hour o	21133	SIGNED 3-86
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR	Home Reister®town		25e. DATI	e rec'd. By registrar	256. REGISTRA		URE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS William DEATH MATED G. Jones 8-28 19.86 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH 9:23 IF UNDER 24 HRS DATE FUNERAL DINE YEAR LAST BIRTHDAY) RONOUNCED June 3,1928 58 Male White DEAD 8-28 1986 ā. M 76 CITIZEN OF WHAT COUNTRY? & BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. Pennsylvania Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Salesman Towson St. Joseph's Hospita C.B.S. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21204 3a. STATE 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Towson YES [9 Hampshire Woods Ct. NO X BALTIMORE, MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Clarence Armstrong Ella Jones Ruth Rowan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW II 200-12-8995 Barbara M. Jones - same as #13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N, OR REMOVAL. IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION Diabetes Mellitus USED, 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? MER: THIS CEN.
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PRIOR TO BURIA! 20 AUTOPSY? BE USED YES XX NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALLTMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes XX death resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 8-28-86 Mr Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNT Md. Balto. 8-30-86 Westview Crematory Cremation 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1050 York Rd. **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5))



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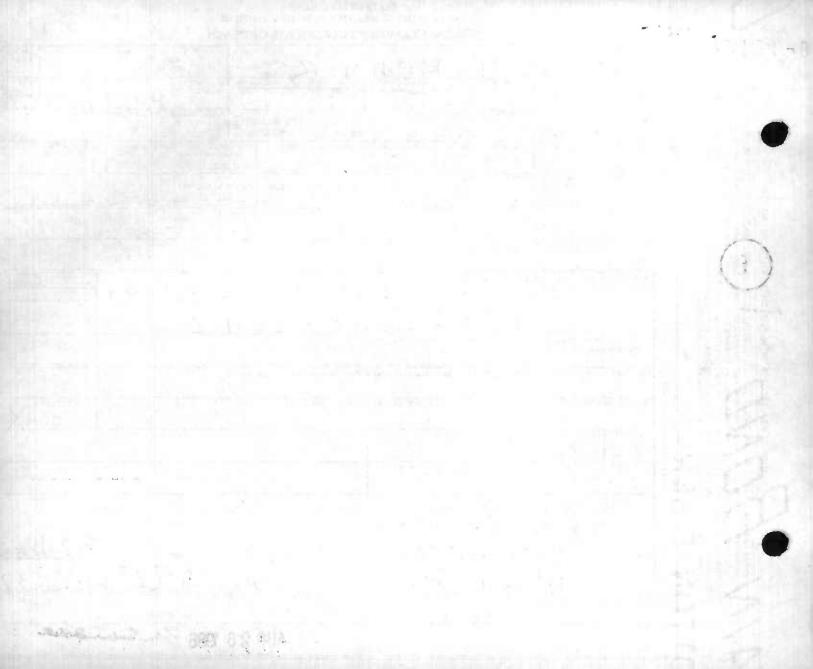
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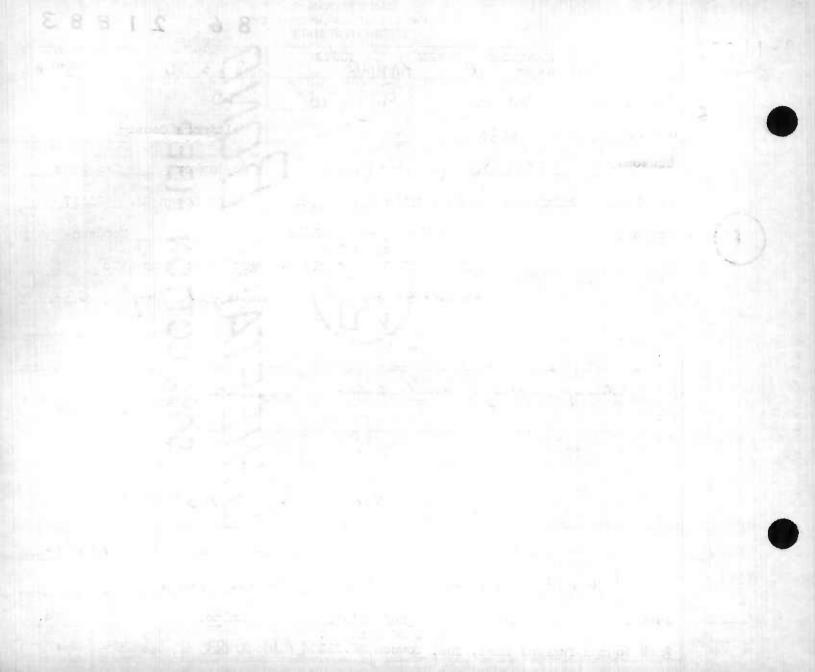
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	(VR A15 ME (5))		John C. Mi	ller		Belair	Rd212	206 AUG	3 2 6 1986	THE CHANGE		1-
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) FANNIE KANDEL AUGUST 16, 1986 5:30P. 4. RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR AUGUST 15, 1894 **FEMALE** CAUCASIAN 92 TE CITIZEN OF WHAT COUNTRY? 1 STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED NORCED MARYLAND U.S.A. BALTIMORE COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR AT HOME PIKESVILLE NURSING HOME HOUSEWIFE PIKESVILLE BALTIMORE DUNTY 3900 CLARKS LANE 21215 13d INSIDE CITY LIMITS? MARYLAND YES TA 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE GOODGAL ISRAEL SILVERMAN LEAH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 215-05-4927 MRS. EVELYN K. LUSTBADER 3900 CLARKS LA21215 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. CERTIFICATION EIZURE YMPHOCYTIC 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion deoth accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN PIDIRECTOR PHYSICIAN useun MPORTANT should be owith the Sto 224 PHYSICIAN'S NAME (LYPE OR PRINT 77e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE BALTIMORE COUNTMARYLAND BURIAL BNAI ISRAEL CEM 8/18/86 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SOL LEVINSON Ficha Davidson Handalle DHMH - 16 60M 7/84 (VRA 15, 4)





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and the	MEDICAL	21d INJURY OCCUR	OLE 🗀		OF INJURY REET, FACTORY OFFICE	FARM ETC)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
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TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Store IMPORTANT: If		Donato			r. (391-	4465)	1010 Wil	son Pt.	Rd. B	alto.	,Md.	21220
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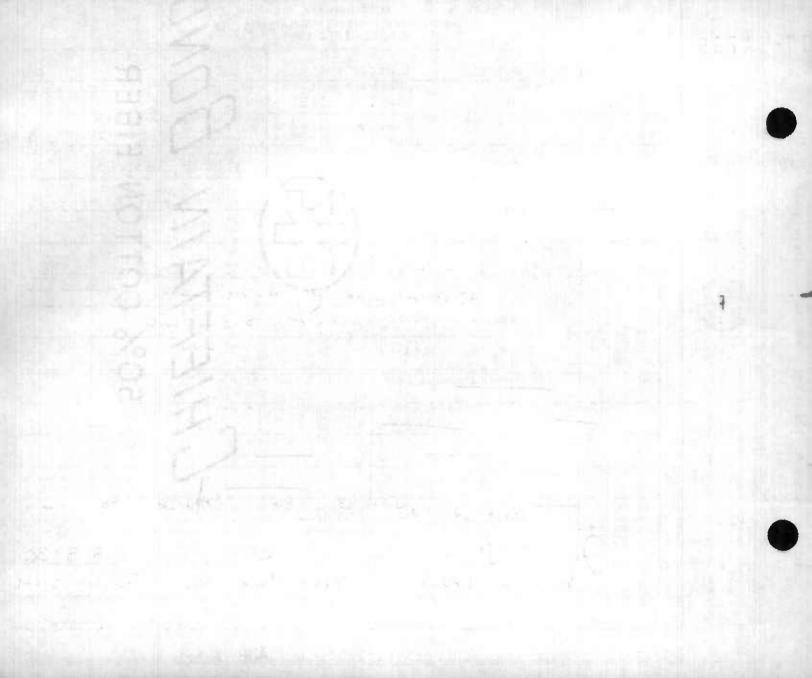
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENER - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Edward 1986 Thomas Kaufman August 6 3 SEX 4 PACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 MRS 1921 Male White Jan. YRS To BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County DIVORCED WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Grneral Electric Parkville 8502 Arry Place ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES T NO XX Md Ralto Parkville 8502 Arry Place 21234 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Kaufman Kitturah Bernard McCready 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (IF YES GIVE WAR OR DATES) IYES NO OR UNKNOWN) 214-18-7496 Ruth Kaufman 8502 Arry Place 21234 Ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY RUTUM ADENO CARCINGTA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BONE META STATIL Canditians, if any, which gave rise to immediate and LIVER cause lai, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES T 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) P NOT WHILE 220 I certify that (1) (this hospital attended the deceased from_ 86 JULY saw the deceased alive an_ and that in (my) coursepinion death occurred on the date and hour and from the causes stated abave, (1) (manday) (did nat) view the bady After death 276. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN be St 224 PHYSICIAN NAME (TYPE OF PRINT) 22e ADDRESS ld b ORT 16wsan 7402 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION (SPECIFY) CITY OR TOWN Burial 19/86 Gardens of Faith Rossville Balto, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

ConnellyFuneralHome 300MaceAve.

(VRA 15, 4)

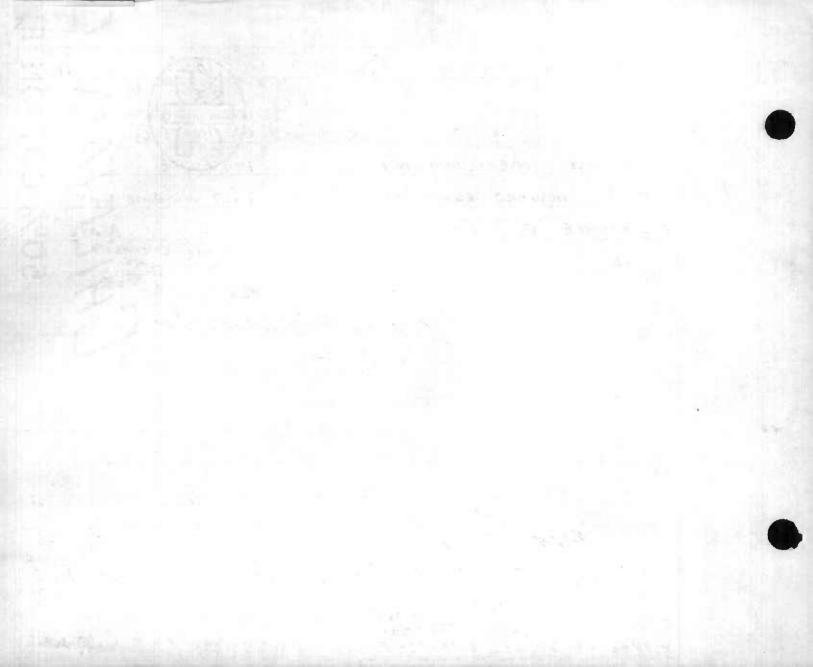


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ge 3 eoth	(TYP	E OR PRINT)	GARET M	ARY	KEATING	8.	7.86 1130
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cote be executed withing a pers. Pages 1 and 2 should vol.		WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	L SECURITY NO.	17. INFORMANT	ADDRESS	
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F 6 F 2 2 2	23a.	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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Pod S	76 B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
nin 7	1	MO	U.S.A.	WIDOWED DIVORCED	BALTIMORE CO	MD
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Page 1		PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		EN IN PART Lip
14.5	CERTIFICATION					
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2114		sow the deceased alloe of	at view the body after death	, and that in (my) (our) opinion	death occurred on the date and hav	r and from the causes stated
W 2 5 5		22b. SIGNATURE		pprovedeby Dr. A.	Divon	22c. DATE SIGNED
dela particular dela particula		Ulin		* ATTENDING	Dixon MEDICAL STAFF DIRECTOR PHYSICIAN	879-86
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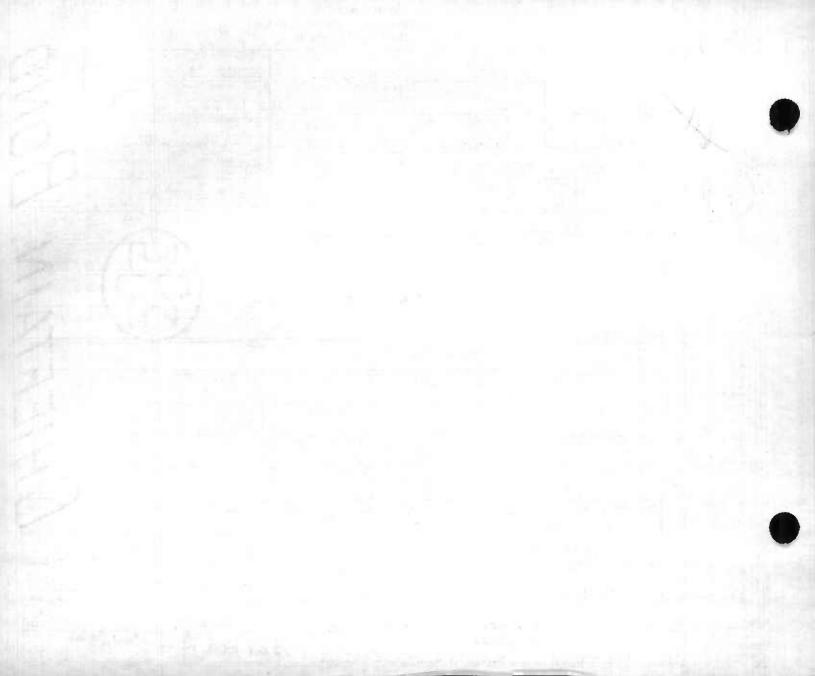
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6 2 1 8 9

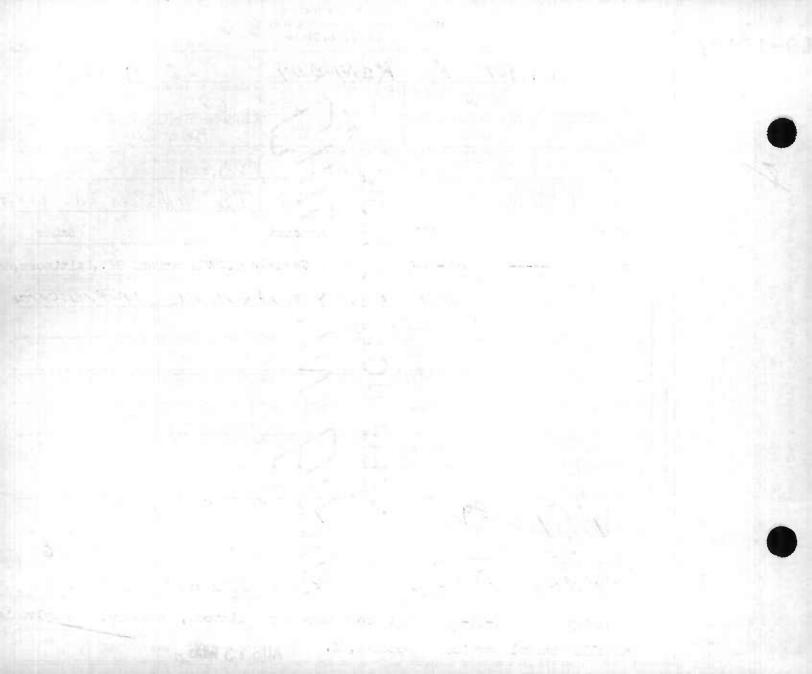
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BALA	D. Doco								
BALA Burial, CREMA Specify Burial		23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	· · ·	YINUO	STATE
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7922 Wise Avenue

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uted

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

4	1 -	STATE REGISTRAR			DEPART		ICATE OF DEATH	0	EG. NO.			
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	3. SE>	(4 RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER TYEAR		
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	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE		AST	
				M. Kens				Nancy J.			(3)	
1		VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	m	-1	
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	TIFE	1000						YES N		RTIFYING CAUSE YES []	NO [_
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		22b. SIGNIANTE	Put	tela	m		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR 1	STAFF PHYSICIAN [22c. DAT	e signed	
		22d. PHYSICIAN'S	LIT		TON		1012 Old	north	Domb	Rd		
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DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low requires that the

TO HOSPITAL

BP

injury, or other troumotic event, th

IMPORTANT: If them 21 is marked or them 18

(SPECIFY)

24. FUNERA DIRECTOR Bruzdzinski

(VRA 15, 4)

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Home

Holly Hill Mem. Gardens

Baltimore

Baltimore Co., Maryland

By Registrar 256, Registrar's Signature - with Making

Old Eastern Ave

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	YES - WI	VII 215-1	JOO/ MADELINE K	IAUHIS - WESIMI	nSIER, M	
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line far (a), (b), o	ind (c)		APPROXIMATE INT	ND DE AT
		E CAUSE (a)	ASTATIL CLEMA CELL	CARCINUMA	13 house	
ce remave carbo cremation, or re ther traumatic e	DUE TO, OR AS A CONSEQUENCE OF					
	Canditions, if any, which	(DEINCE OF			
	gove rise to immediate	(b)				
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.					
31.3		(c)			(5.1. N. D. D. T. 1	
Z	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING IC	DEATH BUT NOT RELATED TO THE TER	(MINAL DISEASE OR CONDITION GIV	EN IN PART ITA	
8 shows ony injur	19a DATE OF OPERATION	196. CONDITION FOR WHIC	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		S, WERE FINDINGS US	
1 8	ELD TABLE TO PERSON				FYING CAUSES OF DE.	
	21g. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	71r HOW IN HIRY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM 18 F		
	OR CONTRIBUTING CAUSE OF DEA	LIGHT AND MONTH		WILES TEMIER WATCHE OF INJUST IN HEW 18 1	BRITOFFSRIZ)	
V	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC 1 STREET	CITY OR TOWN	COUNTY	STATE
2	MMILE NOT WHILE AT WORK	The state of the s		-1		
		tal) attended the deceased fram	8/25 19 86		19 8(, that (1)	(we) Ir
with the State Dept. of He	saw the deceased alive an 0/27 19 00 and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated					
	abave, (1) (we) (did) (did of) whiche bady after death. 226 DATE SIGNED					D
	A ATTENDING MEDICAL STAFF 8/33/8					
	PHYSICIAN [0/2/86	
	220. PHYSICIAN'S NAME (TYPE CAPPINIT) 220 ADDRESS			en Una burner Bu	CH PRIVE B	SAIT
	0 · K	WORIGHET	45/01/4/1/4/5	אניין אינויייף יין קנעון אי	u white	, io
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	(SPECIFY) Burial	8/30/86	Holy Redeemer	Baltimo	re	MD.
	UNERAL DIRECTOR		25a. D.	ATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE	
14 W	alter Dabrowski	- 1005 Dundalk	Ave. 21224 All	COO TOO KE K	24. 20. 40	-
W	arcer paulowski	1003 Dundalk	TIVE. ZIZZ4 AU	O BO THE LE	widow fonds	aker .

00 - \$1760 1 - FOR STATE REGISTRAR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	25	d	- W	1
Sum.	6	60		0

L	KEOISTKAK					REG. N	0.		
T	171.00		MIDDLE		LAST	26. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	Melv	in Le	win	KOHL		August	18	1986	5:27p _m
1	1: 5EX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	White	9	5	22 ^{DAY} 22 ^R	64	YRS.	MONINS DATS	HOURS MIN.
17	To. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	A COLUMN TO THE REAL PROPERTY OF THE PERTY O
1	Maryland	Ţ	JSA	WIDOW	*LE_	Baltimore	Cou	nty	MD.
1	Rossville	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A LIN SQUAR	ADDRESS)	pital	120. USUAL OCCUPAT TYPE OF WORK FOR MOST O Ret-Bus Dr		12b. KIND O INDUSTRY Rosed	ale Bus
н	USUAL RESIDENCE (IF NURSING 130. STATE Maryland	nome or other institution county Baltimore	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 5C Dunsin			Lines 36
1	4. FATHER'S NAME John	MIDDLE Henry	^{LAST} Koh	1	15. MOTHER'S MAIDEN NAME LINE	ME Druid		Baye	r
T	60 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESSPerr	y Hall,	Md.
1	NO NO OK UNKNOWN)	F TES, GIVE WAR ON DATES)	217-14-20	683	Helen D. Mo	hr 8745 Ger			
ľ	18 CAUSE OF DEATH (B PART I. DEATH WAS	Enter anly ane cause pe	ling far (a), (b), and	d (c).1		1		BETWEEN	MATE INTERVAL ONSET AND DEATH
1	PART 2. OTHER SIGNIFI	CANT CONDITIONS CO	hutue	DEATH BUT	NOT RELATED TO THE TERM MY LISTER ON WAS PERFORMED	AINAL DISEASE OR CON	20b. IF YE	VEN IN PART 100	NGS USED
4	21a. ACCIDENT WAS UNDERL	YING 216. TIME C	E INTTIDY		21c HOW INJURY OCCUR	YES NO		ES .	NO 🗌
1		110010	M. MONTH DA		I SON HOOK I OCCOR	LENIER NATURE OF INJU	WI WHIEW IS	FARI 1 UK FARI 2]	
1	OR CONTRIBUTING CAU		M. OF INJURY	19	211. LOCATION				
1	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	IWN	COUNTY	STATE
	22a 1 certify that (1) (the saw the deceased above, (1) (1) (1)	110	19_8	36.0	nd that in (my) (aur) apinian		18 ate and ha		that (1) (we) last causes stated
	226. SIGNATURE	wid B.	Reicher	fund		MEDICAL STA	FF CIAN []	8/	19/86
	228 PHYSICIAN'S NAM	- 1.	hert m	D		1K11- 54 ware 2	rive	Suite 3	7,7
1	230. BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d. LOCATION	7.1.	COUNTY	n STATE
1	Burial	8-21-	86 Z	lon I	uth.Ch.Cemete	ery Ba	Ltlmc	re, Mar	yland

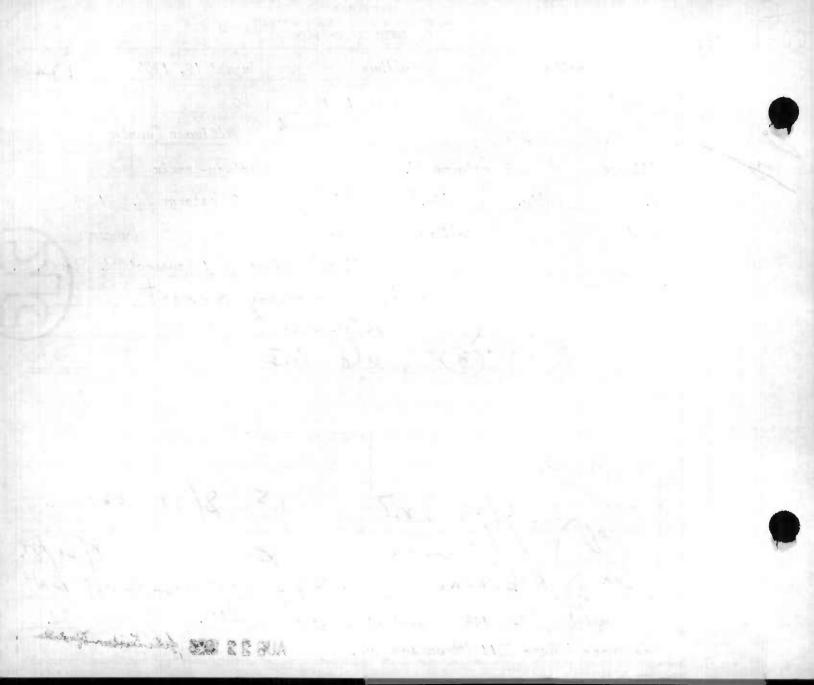
Juneral Home Ballo Md. 2,23AUG 21 BOD South Registrar's SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

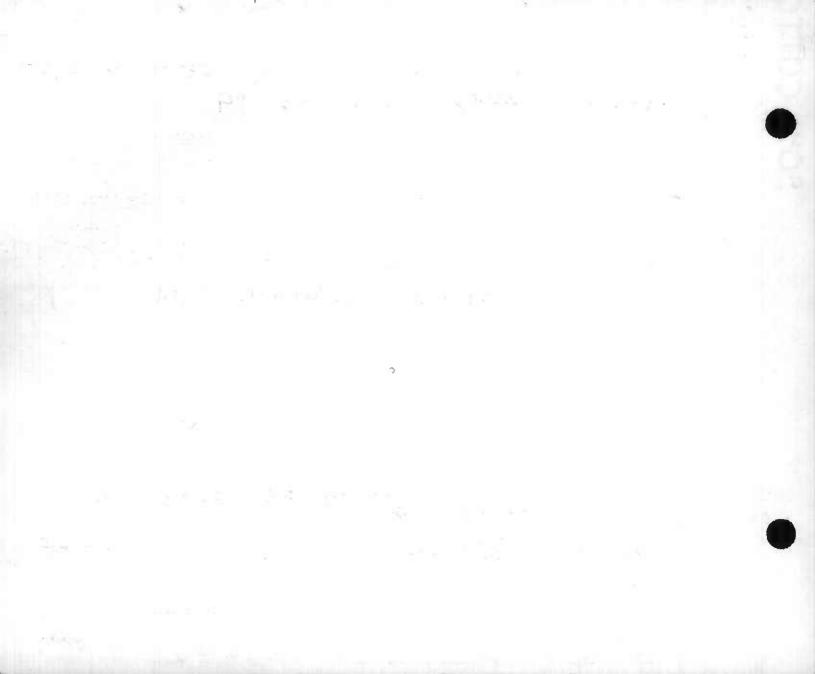
24 FUNERAL DIRECTOR

the law or a final school

de la Fil



****	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		2 REG. NO.	in is	8
14/80		CEASED NAME F	IR5T	WIDDLE		1.7	AST	20 DATE OF D	ATH MONTH	DAY YEAR	26. HOUR
poge 3	,,,,,,	Catharine	R		Kopera	3			DB-0	1-86	5: [5 7
ofter o	3. SE)		4. RA		-	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Urs of	F	EMME		WHITS	/	10-	-62-06	79	YRS		
in 72 hou		RTHPLACE (STATE OR FORE OUNTRY) Md.	IGN 76 CI	USA	COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	J	city <u>or</u> coun more C		MD.
by the fune filed within	10. CI	Baltimore	1 1	IF NOT IN SUCH FACIL	ITY, GIVE STREET A	DDRESS)	n Nrsng Hm		R MOST OF WORKING		otel
filled in the	USU/ 13a. S	L RESIDENCE IF NURSING TATE	HOME OR OTHER		ESIDENCE BEFORE CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET AD 3244	RESS / ZIP CO	DE ky Ave	. 21213
and and	14 FA	THER'S NAME FREST Joseph	MIDDLE		Lercza	ık	15. MOTHER'S MAIDEN N Katheri		NDDLE	Nova	ak .
rs. Poges			U.S. ARMED I	OBBATTER	9-07-9		17 INFORMANT Alma Grop	pe (nie			onium Rd Md. 21093
signed by the attending physis Then please remove corbon pap to burial, cremation, or removo njury, or other troumatic event, I	NO	Conditions, if any, w gove rise to immed cause (a), stating underlying cause	thich liote the lost	DUE TO, OR AS A (b) DUE TO, OR AS A (c) OITIONS CONTR	a conseoue	NCE OF	CA RCL Y		R CONDITION C	GIVEN IN PART 1)	10
hos been to permit. I ene prior	CERTIFICATION	19a DATE OF OPERATIO	N I	196. CONDITION	FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPS	IN CER	YES, WERE FINDI	NGS USED S OF DEATH?
buriol-tronsit Mentol Hygis		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	HOUR A.M.	ury Month Da	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM T	8 PART OR PART 2)	
h ond Me	MEDICAL	WHILE NOT WHILE AT WORK	1.0	PLACE OF IN		ARM ETC)	ZII LOCATION STREET	1	ITY OR TOWN	COUNTY	STATE
hed for use ept of Heoli Hem 21 is mo		22% I certify that (I) (the saw the deceased above, (I) (we) (did 22%. SIGNATURE	olive on (did not) view	ttended the dec	eased from	0 /- 6 . on	d that in (my) (aur) opinia	n death accurred a	on the date and h		that (1) (we) last causes stated
TO FUNERAL DIRECT should be detoched fo with the State Dept. o IMPORTANT; If them 2		22d. PHYSICIAN'S NAM	/		in		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [87	-86
should b		Cesar G		-	Tag			elair Ro			
	1	URIAL, CREMATION, RESPECIFY) Burial		8/9/86	Но:	Ly Ro	Sary	Ba.	Timore		Md.
6 50M 4/83 15, 4)	24 FU	SCAI munek		ral Hon				IG 8 19	STRARIZS REGI	STRAR'S SIGN	IRE
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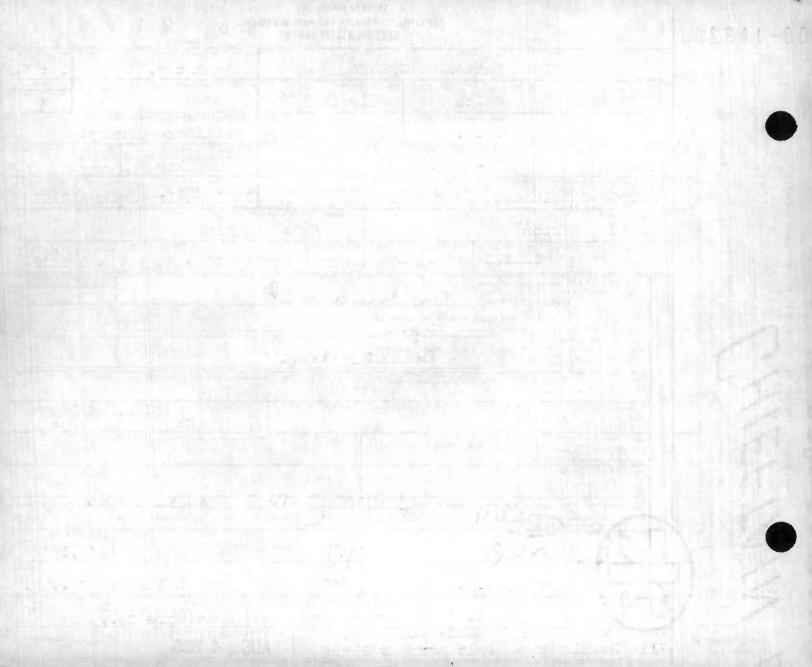


	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALT	MARYLAND TH AND MENTAL H TE OF DEATH	YGIENE	86	21899
deoth 7 C	(TYPE	CEASED NAME (FIRST		C	Kroe	ger	20 DATE OF D	12.86	26. HOUR 2 30 A M
offer. po		emale	IN hit		S. DATE OF BII	TH DAY - 15	70	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
133	7	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF W		WIDOWER		BALTIMORE	Towso	
100	P	Towson	ST WENCH	SEPH	HOS.	octavo		CUPATION or most of working lift emaker	12b. KIND OF BUSINESS OR INDUSTRY
13	13a. S	0		Parkvill	Le 13d.	INSIDE CITY LIMITS	791	DRESS / ZIP CODE 4 Tilmont	Avenue 21234
22	1	THER'S NAME FIRST Adam	M. WIDOFE	Gerlach		Mary		S. ADDRESS	Schemmel
L Poges	16a V	VAS DECEASED EVER IN U.S. (15 yes, no or unknown) (15 yes)	ARMED FORCES? GIVE WAR OR OATES)	217-01-6		Richard J	. Kroege		mont Ave. 2123
requires that the death certains in signed by the ottending phys. Then please remove carbon pay in to burial, cremation, or remove injury, or other troumatic event.	z	IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DIATE CAUSE (6) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF eminat	rdend	housed Ucer ERMINAL DISEASE O	or condition giv	124hrs whom 2 Lap 10dass
the low cron. The hos becase price	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF	ON FOR WHICH (210	AS PERFORMED		IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART LOR PART 2)
of the control of the	MEDICAL	OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK 226.1 certify that (I) this has	21e PLACE OF (AT HOME STREE	FINJURY T, FACTORY, OFFICE, FA	19 211 xrm, etc.)	LOCATION STREET	e , to A	ity or town	COUNTY STATE
retorned by the hosping of 20 cell of 20 cel		sow the deceased glive obove (1) (we) did) did	Sul 1 PE OR PRINT)	esche	DEG:		G _ MEDICAL _	STAFF PHYSICIAN	22c DATE SIGNED 8/12/86
BP		SURIAL, CREMATION, REMOVE SPECIFY) Burial		23c. N	IAME OF CEME	TERY OR CREMATOR	CITY OR		Maryland Maryland
HMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR NAME Leonard J. Ri	ick. Inc.	Baltimo	re. Mar		AUG 14	186 PULL TE	RAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 24201

Texassorio! Attylogic Security 2 2 727 Almont Avenue 21254 dispussed . Something . Something 217-01-cyll Micanio . . Mroeser 7914 Tilcont Nos. 61834 Market and American State and a first second to the March 18 15 March 2000 And a to the farment together intrace Surplestying ranner.. muos, inc. caltitore, sar land Min 14 50 June 2000

-14328	1-	FOR STATE			STATE OF MARY OF HEALTH AN ERTIFICATE OF	D MENTAL HYG	IENE 6	2 1	9 0	0
14320	1 050	REGISTRAR CEASED NAME FIRST		MIDDLE	LAST	DEATH	REG. NO		DAY YEAR	2b. HOUR
of be		DILLIA Lillia	n Bar		HNEL		August		986	10:15AM
moy be page 3 er death	3. SEX		4 RACE		DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	<u> </u>	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	de la	Female	Whi	te	July 11	1892	94	YRS.	MONTHS DAYS	HOURS MIN.
nerol dir nn 72 hou n 72 hou	7a. BIF	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF		ARRIED NEVE	R MARRIED DIVORCED	Baltimore city of Baltimor	•		MD.
by the further designation with	10. CT	OWSON		HOSPITAL, NURSING H CHEACILITY, GIVE STREET ADDR -Medical -			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK)	WORKING LIF	12b. KIND O INDUSTRY	F BUSINESS OR
filled in duld be f	13a S	LERESIDENCE (IF NURSING HOME OR TATE 13b. COUNTY Balt	OTHER INSTITUTION NTY	136 CITY OR TOWN Parkvill		E CITY LIMITS?	7809 Bag1	.ey A	venue	21234
onog sh examiner		THER'S NAME David Barto	MIDDLE	LAST	15. MOTHE	Emma	ME Hopkins		LAST	
Poges medico		VAS DECEASED EVER IN U.S. AR 165, NO ORUNKNOWN) (IF YES, GN	MED FORCES? (E WAR OR DATES)	218-26-3			ley 7809 E			e, MD 21234
signed by the offending phy Then please remove carbon po to buriol, cremotion, or remov njury, or ather froumotic event	NO	18 CAUSE OF DEATH : Enter or PARTI. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, C	OR AS A CONSEQUENCE	OF U	den'	IINAL DISEASE OR CONI	DITION GIV	/EN IN PART 110	,
has been permit.	CERTIFICATION	190. DATE OF OPERATION	196 COND	DITION FOR WHICH OPE	RATION WAS PER	RFORMED	200 AUTOPSY?	206. IF YES	S, WERE FINDIN	GS USED OF DEATH?
is certificate burial-transit Mental Hygi or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE) 216. INJURY OCCURRED	HOUR A	OF INJURY .M. MONTH DAY .M. OF INJURY	YEAR 19 211, LOCA	ATION	RED (ENTER NATURE OF INJUR		1.03	
os the lith and lorked	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FARM,	ETC) 511	REET	CITY OR TO	VN .	COUNTY	STATE
RECTOR. ed for use pt. of Hea em 21 is m		220. I certify that (I) (this hospi sow the deceased alive on abave, (thinke) (did did no 22b. SIGNATURE				(V) our) opinion	death occurred on the do	ite and hou		
RAL DIRE detoched stote Dept	3	22d PHYSICIAN'S NAME (TYPE O	36		TZZe ABDE		MEDICAL STAF	F IAN [1986
TO FUNERAL should be det with the Stote	1	Howard Bo		D.			ir Road Ba	ltim	nore Co).,MD.
BP	(URIAL, CREMATION, REMOVAL Burial	Aug 5	,1986 Lor		ark Ce	m Baltimo	re C	COUNTY ME	STATE
MH - 16 50M 4/B2 (VRA 15, 4)	24 FU 71	NERAL DIRECTOR Dipp 10 AME Belair Ro	el Fun ad Ba	neral Home		25a DAT	E REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE



	١.	FOR		DEPAR		E OF MARYLAND EALTH AND MENTAL HY	GIENE: /	0 1 0	n I
1-15652	1.	STATE REGISTRAR				ICATE OF DEATH	REG. N	10.	
. m.f		CEASED NAME FO	RST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
ay be age 3 death			ph Lawre	nce Kus			Augus		8:15 m
or. p	3. SE		4 RACE		5. DATE O	H DAY YEAR	A AGE IN TENEDALISH	HONTHS HONDER	DATE HOURS ANN
direct		Male RTHPLACE (STATE OR FORE	Caucas	SIAN WHAT COUNTR	10 0	ust 22 1914	71	OR COUNTY OF DEA	70
Sont Share		Virginia	IISA	WHAT COUNTR	MARRIE	D DIVORCED	Baltimore		MD.
with the factor		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126. K	IND OF BUSINESS OR
2000		Randallstown	Politic	man Counts	. Conomo	l Hospital	Retired - C		Telephone Co.
AND ZIT		AL RESIDENCE (IF NURSING STATE 13b	HOME OR OTHER INSTITUTION COUNTY Baltimore		ORE ADMISSION) IWN 11stown	13d INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS 4140 Deer		21133
NG PHYSICIAN: The law requires that the death certificate be executed within 24 attending physician. The law requires that the death certificate be executed within 24 attending physician. The this certificate has been signed by the attending physician and contact the buriol-transit permit. Then please remove carbon papers: Pages 1 contact than diversial Hygiene prior to buriol, cremation, or removal. The page of the page of the property injury, and other traumatic event, the medical contact than the page of the pa		THER'S NAME Sylvester L. Ku		LAST		IS. MOTHER'S MAIDEN N. FIRST Mary Jane 1	Harrigan MIDDLE		LAST
MOKE, MOKE,		VAS DECEASED EVER IN I	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SE		17 INFOMMANIVera I			21133
be e lon o		No		*	1-8102	4140 Deer I	Park Rd.	Randallstown	
thrate physics naval.		18 CAUSE OF DEATH (E PART I, DEATH WAS	inter only one couse pe CAUSED BY:	r line for (0), (b),	and (ct.)	. concin	. 10	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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that that d by eose ol, cr		underlying couse I	ost (c)						
bs, 20 quires signe hen pl ta buri ijury, q	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART Iro
been a mit. The prior to	CERTIFICATION	190 DATE OF OPERATION	N TION CONF	ITION FOR WHIC	TH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I	FINDINGS HEED
hos be permisse prime prime prime	IFIC		170.00			THE TEN OWNED	YES T NOT	IN CERTIFYING CA	AUSES OF DEATH?
HYSICIAN: The nding physician. The serificate has buriol-transit pat Amend Hygiena or hem 8 show	CERI	21a. ACCIDENT WAS UNDERLY				21c. HOW INJURY OCCU			
intol	CAL	OR CONTRIBUTING CAUS	COLDENIA	.M. MONTH	DAY YEAR				
PHYS ending this of the burner of American Ameri	MEDICAL	21d INJURY OCCURRED	LAT HOME ST	OF INJURY	E, FARM, ETC 1	211 LOCATION STREET	CITY OR TO	own cour	NTY STATE
NG There as the orker	~	WHILE AT WORK AT WORK			1 2	L.,,,			
FEND fol o OR: A Hea		220.1 certify that (1) (thi				nd that in (my) (our) opinion		17, 19 X	, that (I) (we) lost
OR DIRECT Sched fo Dept. of frem 2	-	obove, (I) (we) (did)	did not) view the body	after deoth.		DEGREE	deom occorred on me d		DATE SIGNED
		Shane	- Pour	and a	, Some	ATTENDING PHYSICIAN	MEDICAL STA	FF	5-17-86
HOSPITAL med by the FUNERAL uld be deto to the State I ORTANT: If		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS			
TO HOSPITAL TO FUNERAL Should be det with the Stork		GHA38EM	· Pour	MOTAB	BED	Balto. C	o. ame	and Ro	Julie
		SURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	
BP		Burial UNERAL DIRECTOR 1	8-19-8			iew Memorial Par	k Eldersbur		
DHMH - 16 60M 7/B4 (VRA 15, 4)		3728 Liberty Ro	oring Byers E			22.00	U6 1 8 1986	July Davido	MATURE MANAGEMENT
(VRA 13, 4)		olso mostro wo	an uannarran	JMII, LEIL ATG	كا اكسيد) A	- 0 1300	n	

Surjean U.S.A.

Lary and U.S.A.

Lary and U.S.A.

Lary and James in the House South St. Not. Sank-Proceeding Claim
Surjean Surjean James to Value 3 5202 keide Ut. 2108).

Albert Heby Vely Vely Tide Ut. 21080 Till

Albert Heby Vely Vely Tide Ut. 21080 Till

To C15-36-1080 Ut. Mymond J. London de m as Wije

Legal J. Dark . Esc. Delutrore, in.

				STATE OF MARY	LAND			
	FOR STATE		DEPART	MENT OF HEALTH AND		8 6	019	0 3
0 - 14997	REGISTRAR			CERTIFICATE OF	DEATH	REG. NO.		
m.c	I. DECEASED NAMI	1	WIDDIE	LAST	20	DATE OF DEATH MON	ITH DAY YEAR	26 HOUR
poge of		Grace	В.	allunion	1	08	0986	4:00 AM
Her of	3. SEX /	4. RACE	1	5. DATE OF BIRTH	YEAR .	AGE IN YEARS LAST BIRTHDA	Y) IF UNDER LYEA	
ge 4	temale	er wh	ite	01 12	04	82	YRS	
Po der	To BIRTHPLACE (S	TATE OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY	MARRIED NEVER	R MARRIED 9	BALTIMORE CITY OR CO	OUNTY OF DEATH	
death un 73		YLAND I	ISA	WIDOWED	DIVORCED	13ALTI	MOLE	MD.
le le	10 CITY OR TOWN	LIF NOF	OF HOSPITAL, NURS I	NG HOME OR OTHER IN	ISTITUTION 12	USUAL OCCUPATION YEL OF WORK FOR MOST OF WO	IRKING LIFE) INDUSTR	OF BUSINESS OR
by the		son SI	VOSEP	H HOSP	ITAL	Homemaker		13 A H
hour day	WSUAL RESIDENCE	(IF NURSING HOME OR OTHER INSTITE	13c. CITY OR TOV		CITY LIMITS? 134	STREET ADDRESS / ZIF	CODE	
Paris 24	Md.		Baltimo			708 Gleno	1 1 13 1	21234
2 sh	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHE	R'S MAIDEN NAME	MIDDLE		AST
0 (2579)	-	•	Louis	12.0	Mae			-
icol - cort	160 WAS DECEASE	DEVER IN U.S. ARMED FORC		URITY NO. 17 INFORA	MANT	ADDRE Ch	iesapeake,	Va.
Pog.	ne		214-14-	-9268 Mr	Bennett	A. Greer 20	O Britwol	Dr.
sicio pers ol	18 CAUSE O	F DEATH (Enter only one cause)	e per line for (a), (b), o					DXIMATE INTERVAL N ONSET AND DEATH
phy npo mov	PART I. DE	ATH WAS CAUSED BY:		arrest			In	
ding arbo or re			O, OR AS A CONSEOU	IENCE OF	Α.		1	4
death	Conditions,	if ony, which	acute	myo condis	1 mpno	tim	1	de
the o	gove rise cause (a),	to immediate	O, OR AS A CONSEQU	ENICEOE				0
by by ose	underlying	cause last	Gaterin	lutio con	lis visco	In disease	- 3	year,
ned ple purio y, or	PART 2 OTH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO	DEATH BUT NOT RELATE	ED TO THE TERMINA	L DISEASE OR CONDITION	ON GIVEN IN PART	lio
n sig Ther r to b	0 0	ate Steron	*					
bee bee	19a DATE OF 21a, ACCIDENT	OPERATION 196 C	ONDITION FOR WHICH	OPERATION WAS PERF	FORMED		FYES, WERE FINE	
he hos	HE I					YES NO	YES [NO [
N. T. N. T.	210, ACCIDENT		ME OF INJURY R.A.M. MONTH D	ZIc. HOW	INJURY OCCURRED	ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	
ICIA g ph g ph inol-t inol-t intol	OR CONTRIBUTE	NG CAUSE OF DEATH HOU	P.M.	19				
HYS ndin	LIFETHER NO 216 INJURY C		ACE OF INJURY	211 LOCAT		CITY OR TOWN	COUNTY	STATE
otte otte s the non rked	MHILE AT WORK	NOT WHILE AT WORK	ME, STREET, FACTORY, OFFICE	CHAN EIG I				
Af A	22a.1 certify	tha (1) this hospital) ottende	ed the deceased from.		19	10_ MBS	17	, that (ye) last
TTEN pitol TOR for u	saw the	deceased alive on	hody after death	Sa and that in m	(our) opinian deal	th occurred an the date o	ind hour and fram th	ne causes stated
hospi RECT RECT hed fo ept. of tem 2	22h SIGNATH	IRE	body drief deam.	DEGREE			22¢ DA1	E SIGNED
the the ted	m6	trailed Ir	de Ser	m.D.	ATTENDING A	MEDICAL STAFF	N 81	9/81
HOSPITAL ned by 11 FUNERAL Jid be det 11the Store ORTANT.	22d. PHÝSICIA	N'S NAME (TYPE OF PRINT)		22e ADDR	-	MECTOR C. THISICIAL	4	106
etoined by TO FUNERA should be de with the Stot	NA-	TIVINANI	. NE LI	=0N C/0	57. 009	EPH HO	SPITAL	TOWSON
TO H should	23a BURIAL, CREMA	ATION, REMOVAL 236 DAT	_ '/-	NAME OF CEMETERY OF		23d LOCATION		110.21
BP	Burial			oodlawn		Woodlawn	Balto.	Md.
	24 FUNERAL DIREC				25a DATE RE	C'D. BY REGISTRAR 256		
DHMH - 16 60M 7/84		d J. Ruck Inc	. Baltimore	brelvand .	AUG 1	1 1986	More Descent	1

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Loom red of James Tee, indictioned, largeland

FOR

I DECEASED NAME

REGISTRAR

- STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY Draftsman-American Smelting 13e STREET ADDRESS / ZIP CODE 2624 Liberty Parkway 21222 Louise Ferguson ADDRESS3028 Dunleer Road Baltimore, MD. 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARDIO RESPINATORY FAILU CONGESTIVE HERRY PHILLER

COUNTY

Maryland

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY

and that in (my) (our) opinion death occurred up thate and hour and from the couses stated

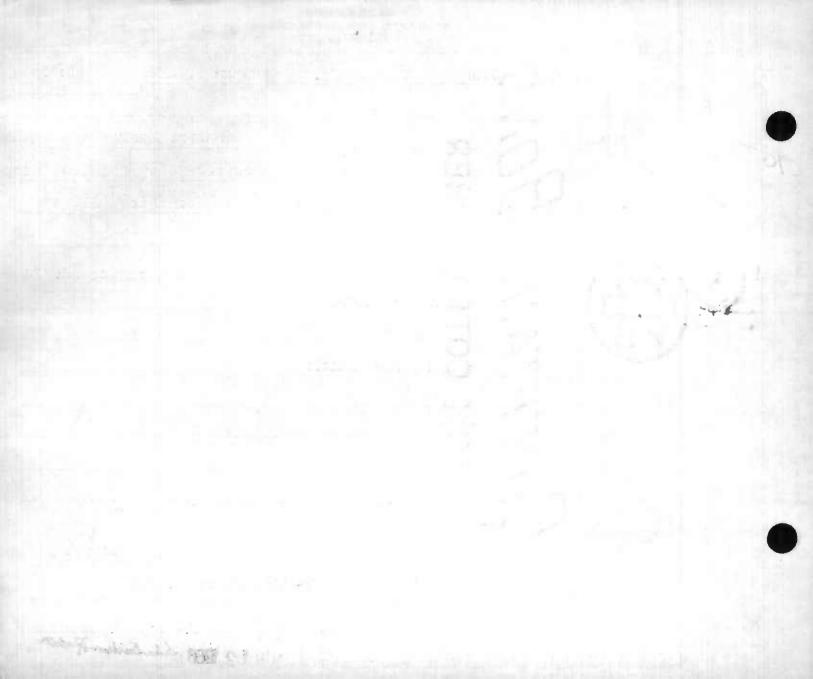
Dundalk Ave 21222

Oak Lawn Cemetery 8/29/1986 Baltimore

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - window-hander 7922 Wise Ave. Baltimore, MD.

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STATE OF MARYLAND



		Film G619 item	12a		STATI	OF MARYLAND	-		
		FOR 9/3/86	ria	DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE		
0 1	0000	- STATE REGISTRAR	g -		CERTIF	ICATE OF DEATH	8 5	2	900
1-1	0777		FIRST /	AIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	moy be . poge 3 er death	The second secon	eph L	. LAN	VKFORE) Jr	August 20,		6:00P M
3333	moy moy	3. SEX *	4. RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNI	DER I YEAR IF UNDER 24 HRS
	ge 4.	Male	Whit	te	монтн 5-	15- 1934	52	YRS	DAYS HOURS MIN.
	\$ 5 B	To. BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY OF		
	orth	N. Caroli	na U.S	7\	WIDOWE		Baltimo	re Coun	ty
	p 24 6	N. Caroli	11. NAME OF		IG HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATIO		b. KIND OF BUSINESS OR
5/	11/11/	Rossville	Franklin	Square	Hospi	tal	Quality Assura		
2/0	1 1 1	USUAL RESIDENCE HE NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			THE REST OF THE PARTY.	
2	3 3 5 5 00	MX.					13e.STREET ADDRESS /		11226
IA	1 1	Maryland	Baltimore	Baltimo	ore	YES NO 18	5106 Thoma	is ave 2	21230
RY	3 10:2/	FIRST	MIDDLE	EAST	SHITT	FIRST	WIDDLE		LAST
W.	1 14730	Joseph Leona	rd Lankford	Sr		Illa	Lois	W_TELLO	Hudson
m,	D 2000	WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS	
BALTIMORE,	\$ 000 m	WES YES	(IF YES, GIVE WAR OR DATES)	213-30-5	429	Leonard Lank	ford Same a	s 13e	
H	re be		F 4 1				rora pano a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BA	S S S S S S S S S S S S S S S S S S S	PART I. DEATH WAS	Enter only one cause per S CAUSED BY	Cardiores	spirat	corv arrest		1	BETWEEN ONSET AND DEATH
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Z (1)	th ce corbing the ce corbing the ce corbing the ce corbing the ce	P-	DUE TO, OI	SEPSTS QUE	NCE OF				
ST	offer and troops	Conditions, if ony,	which ((b)	26h2 12					
8	he che che che che che che che che che c	gave rise to imme		DAS A CONSEQUE	NCE OF	Enter Charles			
3	by the core of the		last.	"Squamous"	Carc	inoma and wour	nd infection		
201	ed to oleo	DARKS CALVED COC.	, (5)						10.07.1
DIVISION OF VITAL RECORDS, 3	sign Then to bu		ICANT CONDITIONS CO	JULKIROTING TO E	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	IIION GIVEN II	N PART TO
8	been mit.	190. DATE OF OPERATION	ON 196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED
8	ne lo	SE S					YES NO	IN CERTIFYING	CAUSES OF DEATH?
TAI	The licio	210. ACCIDENT WAS UNDER	LYING TO 216, TIME O	F IN II IRY		21c HOW INJURY OCCURR			- Land
>	AN Though year	40 CALIBRA 3010 CA		M. MONTH DA	AY YEAR	211 HOW HOOK FOCCORR	(ENTER NATURE OF INJUR	TIN HEM IS PART IC	JKPAKI ZI
0	SICI 19 6 19 6 10 7 10 1	(IF EITHER NOTIFY MEDICA			19				
ō	PHYS this of M	21d INJURY OCCURRE	LAT MONE STE	OF INJURY	ADM ETC 1	211 LOCATION	CITY OR TOV	vn (OUNIY STATE
VIS VIS	G P potter t	AL WORK AL WORK							
۵	Aft of the solution	220 L certify that that	his haspital) attended th	e deceased from	August	8 10 86	August 2	0 10	86_, that X (we) last
	THE STATE	saw the deceased	August	201986	5 ar	d that in (X) (aur) opinion o	leath occurred an the da	te and have and	
	R ATT hospi RECT red for pt of pt of	22h SIGNATURE	(data) view the bady	after death.		DEGREE			22r DATE SIGNED
	OR oche Dep	ZZE. SIGNATURE	V			ATTENDING	MEDICAL STAF		-1
	rAl y th y t		500			PHYSICIAN [DIRECTOR PHYSIC		8/20/86
	TAT TAT	22d PHYSICIAN'S NAM	/			22e ADDRESS			
	etoined etoined should be with the IMPORTA	A. Tria	ana, MD			9000 Frankli	n Square Dr	ive 212	37
	should should with IMPO	230 BURIAL, CREMATION, RE	MOVAL 1324 DATE	T 22. A	JAME OF C	EMETERY OR CREMATORY	1236 LOCATION		
		(SPECIFY)	The second second				CITY OR TOWN	cou	
	BP	Cremation	8-23-8	6 Wes	stview	Memorial Par	'K	Balt	imore Marylan
	DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR DI	da-Ruck Fun	eralaHome	eof Di	indalk, Inc.	REC'D. BY REGISTRAR	256 REGISTRARS	SSIGNATURE
	(VRA 15, 4)	70	22 Wise Ave	Dundalk	. bM	21222 A	16261986	1	

ususant esmenter

00-81688 FOR STATE REGISTRAR ral director, page 3 22 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND should be detached for use as the burial-fransit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal TO FUNERAL DIRECTOR. After this certificate has been IMPORTANT: If them 21 is

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		EASED NAME	FIRST	- 1	WIDDLE	- 1	AST	20.	DATE OF DEA	ATH M	HTMC	DAY Y	EAR	2h HOUR	
	(TYPE	OR PRINT)	Louis		C.	LAUM	AN		August	15	, 19	86	3.11	4:40	рм
	3. SEX	(4. RACE		5. DATE C		6 A	AGE (IN YEARS	LAST BIRTHO	AY)	IF UNDER I	_	IF UNDER 24 I	
		ale		White		4	5 DAY 16 AR		70		YRS		DAYS	HOURS A	AIN.
-		RTHPLACE (STA	TE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED		BALTIMORE	_			TH		
5		ryland		U	SA	WIDOWE			Baltimo	ore	Coun	ty			MD.
	10. CI	TY OR TOWN O	FDEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCC					BUSINESS	OR
/	Ro	ssville	41 19		lin Squa		spital		et- But					-Empl	oye
2	13a. S Ma	ryland	13b COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO 🔀		STREET ADD	RESS / Z	P COD	· Bal	to.	Md.21	236
2	14 FA	THER'S NAME FIRST LOUIS	s C	harles	Lauman	. Sr.	15 MOTHER'S MAIDEN N Hanna	NAME	MII	DDLE		Sny	der		
			EVER IN U.S. AR		166. SOCIAL SECU		17 INFORMANT			ADDRESS	5				
	(1)	Yes NO OR UNKNOW	Mercha	nt Mari	nes 213-	14-200	l Edna M. La	auma	an 8650	Bel	air	Rd.	212	36	
		18 CAUSE OF I		y ane cause per	line for (a), (b), an	d IC	t failure;							NATE INTERVAL NSET AND DE	ATH
	NO	Canditians, if gove rise to couse (a), underlying	immediate stating the couse last.	DUE TO, O	RAS A CONSEQUENCE OF TAIL	ntoxi	cation NOT RELATED TO THE TE	ERMINA	il Disease or	(CONDI	TION G	IVEN IN PA	ART Ita		
9	CERTIFICATION	19a DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY		IN CERT	ES, WERE F IFYING CA		GS USED OF DEATH?	
7	MEDICAL CERT	(IF EITHER NOTIF	CAUSE OF DEA	P.,	M. MONTH D M.	AY YEAR	21c HOW INJURY OCC						ART 2}	МО	
	MED	WHILE AT WORK	CURRED	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE I	ARM, ETC)	21f LOCATION STREET		CIT	Y OR TOWN	4	COUN	117	STAT	E
		22a I certify th	eceased alive on we) (did) XXX	August View the bady	15, 19_after death	80	DEGREE ATTENDING PHYSICIAN	ian deat	to Augus th occurred an	the date	H.	, 19. <mark>86</mark> iui and fra 22c.	m the c	hat XII (we) auses stated SIGNED	last d
		22d. PHYSICIAN	SNAME ITYPE O	10	086	ME	Franklin So	quar	e Driv	e Ba	ltim	iore	MD	2123	37
		URIAL, CREMAT	ION, REMOVAL	236 DATE			EMETERY OR CREMATOR		23d LOCATIO			COUNTY	7) //	TALL TOWN	2
	70	Buri	al	8-18-	.86 B	elair	Memorial Ga	rde	ns	F	lari	ord	Ma	rylän	u

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

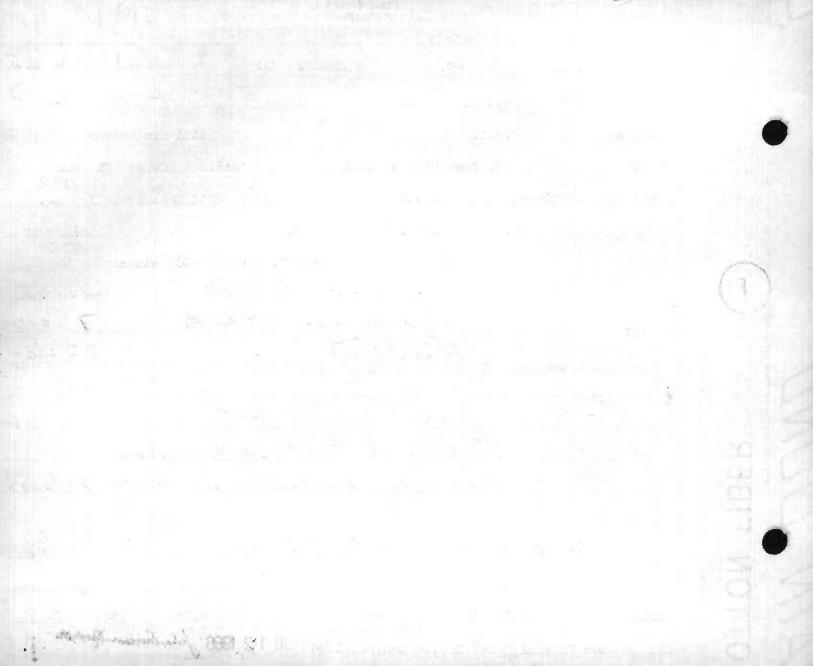
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			FOR		OED AD		TE OF MARYLAND HEALTH AND MENTAL HY	IEME 7	0 1	1	13
1733		1.	STATE REGISTRAR		DEPAR		FICATE OF DEATH	REG. N	2 1	9 4	7
			CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
r death			Bruce		E.		WTON	AUGUST	. 28.	1986	7:43P
after		3. SE		4. RACE	1.24.		of BIRTH v. 16, 1940	6 AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS	HOURS MIN.
		7. D	Male RTHPLACE (STATE OR FOREIGN		hite		v. 16, 1940	9 BALTIMORE CITY	YRS.	V OF DEATH	
Lond	25		country) laryland		SA	MARRIE	ED NEVER MARRIED		_		
8	1		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	Baltimor	ION	126. KIND O	F BUSINESS OR
	1		ssville 21237	Frankl	in Squar	e Hosp		Carpenter	OF WORKING L		ruction
most be	5	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CC	E OR OTHER INSTITUTION DUNTY timore	13c CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP COD	Eoad 2	122
in the	2/		ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		IAS	3
No.	JU			hur H. I				Virgini		Miller	
medical			VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) YES 19	GIVE WAR OR DATES)	219 34		Katherine L		ame		
4)		-					I addict bie 2	<u> </u>	amo	APPROXI	MATE INTERVAL ONSET AND DEATH
event, th			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	Intrace	rebral	Hemorrhage w	ith cerebel	lar	BEIWEEN	SNSET AND DEATH
ar re			IMMEL		OR AS A CONSEG		riciior ringe. w	tonsill			
traum			Conditions, if any, which		Herniat			00115111			
ema er fr			gave rise to immediate cause (a), stating the		OR AS A CONSEO			34551117			
al, crem			underlying couse lost.	(c)_							
njury, c		NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GI	VEN IN PART TO	3'
any	7	CERTIFICATION	19a DATE OF OPERATION	196. CON	OITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YE	S, WERE FINDIN	IGS USED
ygiene		RTIF	Doest Hall her					YES NO	Y	ES 🗌	NO [
I co	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
Hem	/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	INER) F	P.M.	19			-		
o or		MED	21d. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC)	211. LOCATION STREET	CITY OR TO	JWN	COUNTY	STATE
Jarke			AT WORK								
l is n			22a.1 certify that (1) this ha			86 S	and that in (my) (our) ppinion	death progred on the d	28,	. 1986	shot (I) (we) lost
em 2			saw the deceased plive above, (I) (we) (did (did 22b SIGNATURE	not) view the bod	ofter death.	00	DEGREE Resider		ore one no	22C DATE	
T: If He			Am	luck	u.		1,43,460	MEDICAL STA	FF CIAN [8-86
ORTANT	1		224 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS				
MPOR			ANIL N	INOCH			9000 Frank1	in Square D	rive	- 21237	
-			Burial, CREMATION, REMOV				CEMETERY OR CREMATORY and Veterans Ce	23d LOCATION CITY OF LOWN Garrison	Fore	ST. Man	STATE STATE
	1	24. F	DEBAL DIRECTOR	544	11/100	-		E REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNAT	URE
6 60M 7/1	B	1	uzdziński fun	eral lom	PA 140	old I	Eastern Ave.				
				Marie	/		SF	P 9 IGRA			The sales

1-5-1-66 28 2 2 2 2 2

and it is a company to the contract of a real contract of the contract of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN A (TYPE OR PRINT) DEATH MATED LENHOFF, SR. JOHN G. 4 RACE SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF LINDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED Male White Nov. 26, 1901 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY WIDOWED [DIVORCED U.S.A. Baltimore County Maryland IL CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESSS FOR MOST OF WORKING LIFE) St. Joseph's Hospital Towson Retired - Owner Produce ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESI 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 21204 13c CITY OR TOWN 3a STATE 1136 COUNTY YES [NO T Baltimore Maryland Towson 2300 Dulaney Valley Rd 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDOLE FIRST LAST Joseph H. Lenhoff Nollmeyer Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMAN ADDRESS 21030 IYES NO OR LINKNOWNS (IF YES, GIVE WAR OR DATES) 218-32-0818 Carl E. Lenhoff -312 Wickersham Way APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY dolas IMMEDIATE CAUSE (o) DUE TO, OR AS A Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CAMPSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES NO TIME OF INJURY HOUR AM, MONTH DAY UNDERLYING OR CONTRIBUTING PICAUSE OF DEATH 211 LOCATION WHILE AT WORK 05 Inspection 270 I certify that I took charge of the remains described above, held on Autopsy and in my opinion TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH WITH LINE Accident 4 death resulted from Notural couses Suicide Undetermined monner Homicide DATE EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Parkville Balto. Md. BP Burial 8-13-86 Moreland 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 1050 York Rd. DHMH : 17 (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 20M 4/82



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		urchestatus.							REG. NO.		
		OR PRINT)	FIRST	٨	AIDDLE		AST		28. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	,,,,,	ON PRINTIS	JEAN	INETTE		I	LEVY		AUGUST 1, 19	86	2:40 A _M
	3. SEX	(4 RACE		5. DATE C		WE AD	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
-		FEMALE		CAUCA	SIAN	NOV	. 25,	1896	89 YRS	MONING DATS	MIN.
A	7a BIF	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	□ NEVE	R MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
/		EW_YORK		USA	A	WIDOWE		DIVORCED	BALTIMORE COU	NTY	MD.
1	10. CI	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER I	NOITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
U	1000	BALTIMORE		JEWISH	CONVALESC	CENT H	HOME		HOUSEWIFE	AT H	OME
2		AL RESIDENCE (IF NURSINGTATE	136 COUN		GIVE RESIDENCE BEFORE		13d INSID	CITY LIMITS?	13. STREET ADDRESS / ZIP COD	OF	
2	M	ARYLAND	BA	1/10,	BALTIMO		YES	NO 🗐	2538 FARRINGDO	N RD.	21209
2	M FA	THER'S NAME	100	MIDOLE	LAST		15. MOTHE	R'S MAIDEN NA	WE	LAS	u u
7		ABRAHA			MAZARO	OFF		TOBA		UNKN	NWO
1		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO	17. INFOR	MANTEDWIN	LEVY ADDRESS	77 - 7	
2		NO	1 103.01	e man on orang,	217-82-8	3722	253	3 FARRIN	GDON RD. BALTO.	, MD 2	21209
		18 CAUSE OF DEATH	Enter on	ly one cause per	line far ia h , and	lic n		24.7		APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WA		E CAUSE (a)	car	dia	e a	rrest	the second of	/	doug
	33			DUE TO, OF	RAS A CONSPOSE	NEE OF	delo	0. 16.	of Diseaso	3-	wears
		Canditions, if any,		(ıb)	whe	cos					V
		gave rise to imm cause (a), stating	the .	DUE TO, OF	AS A CONSEQUE	Notal .	e con	eldel	Thromboze	5	uscalo
		underlying cause	last.	((c)	7200				71-211-00-8		1
8	z	PART 2 OTHER SIGN	IFICANT (ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELAT		INAL DISEASE OR CONDITION G	VEN IN PART TO	a
1	ATION			Ton and	o ages	~ec	Oca				
1	FICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	IN CERT	ES, WERE FINDING CAUSES	OF DEATH?
	CERTI	21a. ACCIDENT WAS UNDE	EDIVING F	1 21b. TIME O	E INTO IDV		121. 4014	IN HIDY OCCUPY		ES	NO 🗆
1		OR CONTRIBUTING C		110110 4	M. MONTH DA	Y YEAR	ZICHOW	INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC				19	211 LOCA	TION	<u>'</u>		
	MED			21e PLACE C	EET FACTORY, OFFICE FA	ARM, ETC)		EET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	,			0.00	19	67	ALLA I	06	
		22a 1 certify that (1) (saw the decease		13 , 1 ,		2	ed that in (a	, 19	death accurred an the date and ha		that (I) (we) lost
		abave, (1) (we) (di 22b. SIGNATURE	id) (dud no	t) view the body	after death.			iy (Car) apililari (death accurred an me date and no		
		228. SIGINATURE	1/2	P	Torre		DEGREE	ATTENDING .	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	1166
1		224 PHYSICIAN'S NA	ME (TYPE O	RPRINTI	recr	n /	22e ADDI		DIRECTOR PHYSICIAN		100
		MANU	IEL	LEVIN	M.D		6101	PK HE	TS AVE BALT	OM o	21215
	23a. B	URIAL, CREMATION, R	REMOVAL	23b. DATE				R CREMATORY	23d LOCATION	COUNTRACE	AND STATE
		BURIAL		8/3/86	AF	RLING	CON_CE	METERY	BALTIMORE	MARYL	AND
	24. FU	INERAL DIRECTOR S	OL L	EVINSON	& BRUS.,	INC.	-	230. DAY	RICO. BY RECISION A 256 REGIS	TRAR'S SIGNAT	URE note INC.

6010 REISTERSTOWN RD. BALTIMORE, MD 21215

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT. H He



STATE OF MARYLAND

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00-2	81716	1.	FOR STATE REGISTRAR
	8.4	1. DE	CEASED NAME OR PRINT)
4 moy	fter o	3. SE:	
	on mectar, page hairs ofter deat	₹a Bi	male
	+73		Pa
10	11/1/2	10 C	
100	HOLC		Baltimore
ND 21	11年	130 5	AL RESIDENCE
WLA.	20 00	14. F.A	THER'S NAME
MAS	PUL	h	lilliam FIRST
IMORE,	Sport /	160 V	VAS DECEASED
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed by the death certificate by executing the death certificate by executing the death certificate.	DORECTOR: After this certificate has been signed by the ottending physician aim to DORECTOR. After this certificate has been signed by the ottending physician aim to be bept, af Health and Mental Hygiene prior to burial, cremation, or remayol. If Item 21 is marked at Item 8 50% only injury, or other troumotic event, the made	MEDICAL CERTIFICATION	Conditions, i gave rise in cause (a), underlying PART 2 OTHE 19a DATE OF C 21a ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIL) 22a I certify the saw the cobove, (1), and the cobove, (2), and the cobove, (2), and the cobove, (2), and (3), and (4), and (4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REGISTRAR			REG. NO.	
1. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
FRED		LOVEJOY	8	28 1986
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	black	11 17 1925	60	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR COL	
Pa	USA	WIDOWED DIVORCED	Raltimovo covin	ty
10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF
Baltimore 8519 Glenn Michae		nae l'Lane	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY
	AE OR OTHER INSTITUTION GIVE RESIDENCE BEF		111 STREET ADDRESS / 718 (CODE
Md	Calles Randalls		8519 Glenn Mic	hael Lane 21133
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME MIDDLE	LAST
William	Lovejoy	/ Emma	MIDDE	Croôk
60 WAS DECEASED EVER IN U.S			ADDRESS	
(YES NO OR UNKNOWN) (IF YE	212–18 25	98 Correne John	nson 8519 Glenn Mich	ael Lane
18 CAUSE OF DEATH (Ente	only one couse per line for (o), (b),	ond ic.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CA	DIATE CAUSE (D) Caroli	opulymonary A	next	
	DUE TO, OR AS A CONSEC	DUENCE A	4.1	0 1
Conditions, if ony, which ((b) Malgrey Derica dal effusion				2 weeks
gave rise to immediate	V	DUENCE OF		2.4
underlying couse loss		carcinomal the R	alt lung	Mare
	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	N GIVEN IN PART I I a
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING				
3 190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
E L	ELLEUNY Ve		YES NO	YES NO
210 ACCIDENT WAS UNDERLYING	LIGHT A HE MONTH	DAY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	M (8 PART OR PART 2)
OR CONTRIBUTING CAUSE OF	PERIN	19		
CIFEITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFIC	E PARM, ETC.)		
220 I certify that (1) (this h	aspital attended the deceased from	August 17 19 8	6 10 August 28	19 86 that (1) (ve) lo
sow the deceased aliv	d not) view the body after death.	ond that in (my) our opin	nion death occurred on the date and	d hour and from the causes stated
22b. SIGNATU	A	DEGREE		220. DAJE SIGNED
Entreit	July .	M ATTENDIN PHYSICIA		8/29/80
224. PHYSICIAN'S NAME (1	YPE OR PR	22e ADDRESS Uni	V. of Maryland (ancer Center
Robert	Fisher M.D.	2) S. (moore	e St. Baltimor	· MD 2/201
730. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATO		
(SPECIFY) Burial	9/3/86 We	estern Stan Cemetery	Baltimore	CO Md
				IN

DHMH - 16 60M 7/84 (VRA 15, 4)

March Funeral Home West 4300 Wabash Avenue

FOR

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.	2	-1	
_	-MEO. 140.			_

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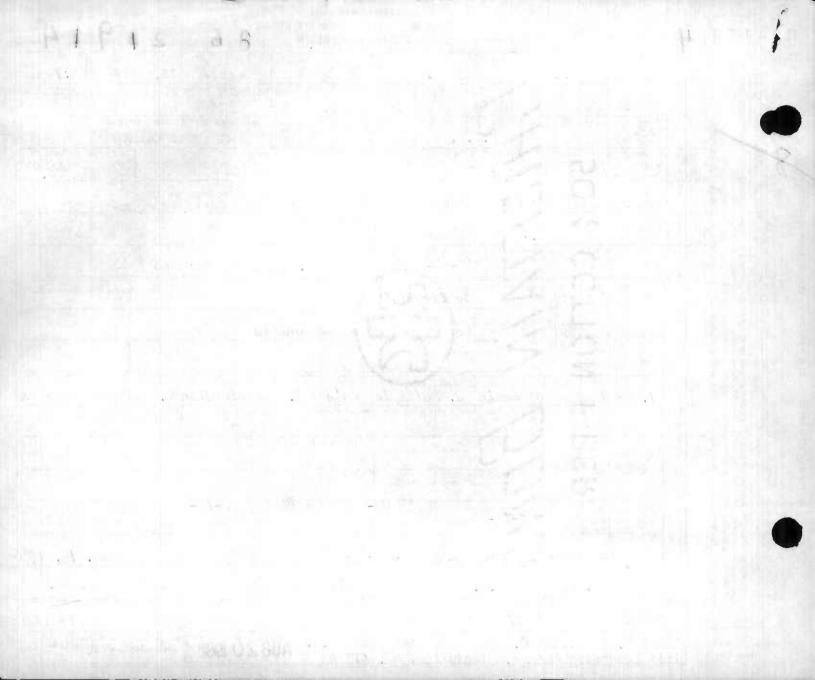
										TREG. I	10.				
3.79		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOU	IR
			J.		EDWARD		LYONS	3	Augu	ıst	18,	1986	5	5:1	4pm
	3. SE	X		4 RACE			OF BIRTH		6 AGE IN YE	ARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
		Male		Whi	te	Jan	uary 3,	1907		19	YRS	MONTHS	DAYS	HOURS	MIN.
1		IRTHPLACE (STATEORE	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER A		9 BALTIMOR	E CITY	OR COUNT	Y OF DE	ATH		
0		aryland		и	.S.A.	WIDOW		ORCED	Bal	timo	ore Co	ount	y		MD.
1/1	10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INST	ITUTION	12a USUAL C			12b.	KINDO	F BUSINE	SS OR
0		Catonsvil		Summi	t Nursing	Home			Cleri	S WOSI	OF WORKING L	TI	rans	Balt	imore
3	13a :	at residence 115 Nurs state aryland	13b COU		GIVE RESIDENCE BEFORE 136 CITY OR TOW Catonsu	N	134 INSIDE CI	NO XX	13e STREET A		/ ZIP COD		ıe.	212	28
2	14. FA	Edward		ANDDIE	Luons		15 MOTHER'S	MAIDEN NA	AME	MIDDIE			Adai	ms	
0	16a V	WAS DECEASED EVER	INITIC AD		166 SOCIAL SECU	DITY NO	17 INFORMA			ADDR	ECC	-	71000	110	
medic		YES, NO OR UNKNOWN)		E WAR OR DATES	21305-9			H. L	yons		ne as	# 13	3		
The state of the s	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stolin underlying couse PART 2 OTHER SIGN PART 2 OTHER SIG	nediate g the lost	DUE TO, OF CONDITIONS CO	R AS A CONSEQUE	DEATH BUT	e CVA's	TO THE TER		nsio	n 4.	eiz	wre	OF DEAT	H?
9	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR	in res		RRED (ENTERNAT				PART 2)	NO [
o de la composition della comp	MED	21d INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM, ETC J	211 LOCATIO	0.0		CITY OR TO)wn	cou	UNTY	51	TATE
E 61 7		22a I certify that (1) saw the decease above, (1) (we) (d	d alive on	0-10-	00 10	5.2	nd that in (my)	. 19 <u>00</u> (our) apinian	to O	on the d	ote and ha	. 19_O	om the	that (I) (w	ve) lost
		226 SIGNATHRE	منام	E	Come	m	DEGREE	JTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC			Aug.	10	1986
I		James E.			D.		22e ADDRESS 413		nwealth	Avei	we, Bo	ultir	nore	, MD	•
- /	23a B	BURIAL CREMATION	REMOVAL	123h DATE	123c N	AME OF C	EMETERY OR C	PEMATORY	1234 LOCAT	ION					

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 8/21/86 Leroy M. Russell C. Witzke Funeral Homes P.A. 250 ATERECTO BY REGISTRAR 250 REGISTRAR

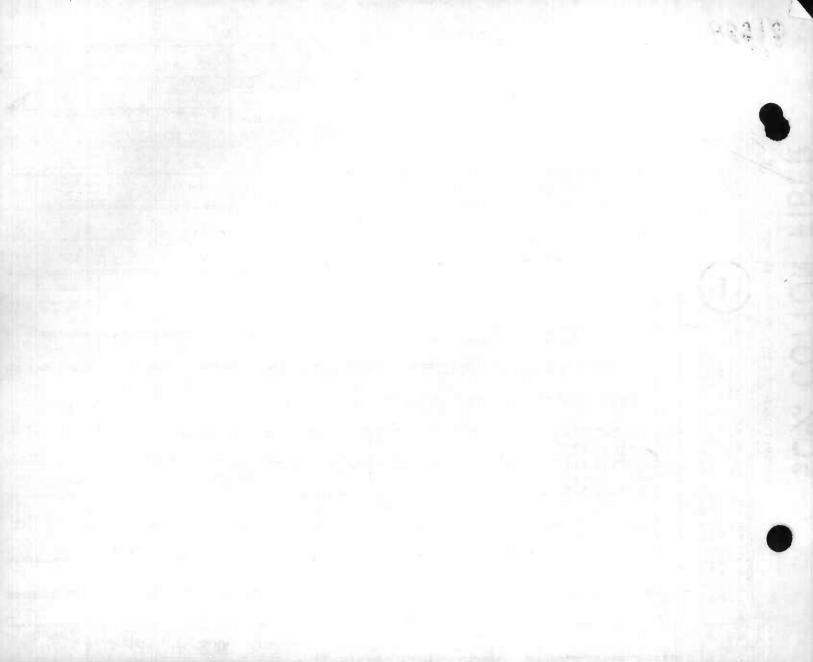
New Cathedral Cemetery

Maryland

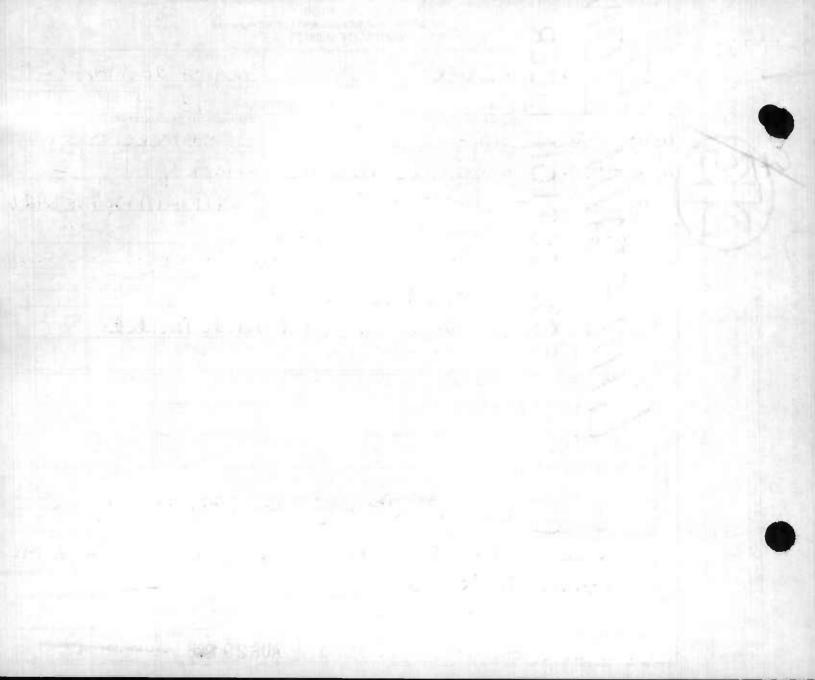


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TO VISIDA	AND		RTHPLACE (STATEOR PINSY LUANIA		76. CITIZEN OF W $U.~S.$			RIEDO NEVER	R MARRIED DIVORCED		nore Cou		MD
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ANY D	3		il residence (# in ni rate ryland	13h COUNT Balti		IJa. CITY OR TOWN Baltimore		13d INSIDE CITY L	LIMITS? 13°	STREET ADDRESS	rd Mill	Road 2	1208
MD.	いに見をラク	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S				LAST	
RE,	S 250		Thomas			MacDermott	100	Anno		Lee		Price	-2
BALTIMOR S AFTER DE	GES 1 SION	16a. V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SECUR		17. INFORMAL				1 Milfor	
BALT	B. GIVE PA WITH FOR T. PAGES I DIVISION					212-09-8 e far (a), (b), and (c).)	302	Elizabe	eth Mo	<i>cDermott</i>	Baltimo	re, MD	21208
S, 201 W. PRESTON ST ECUTED WITHIN 24 HOI	NG" IN PENCIL IN ITEM LEXAMINER ALONG BURIAL TRANSIT PENM AND MENTAL HYGIENE AATION, OR REMOVAL.		Canditians, if gave rise to cause (a) stating lying cause last.	IMMEDIATE any, which immediate g the <u>under</u> -	(b) DUE TO, OF	AS A CONSEQUENCE	E OF	Yn ala	\$				ISET AND DEATH
RECORDS,	A S A S A S A S A S A S A S A S A S A S	TION	19a. DATE OF OPER			BUT NOT RELATED TO THE TE	1			01			
₹ 8	STOR	CERTIFICATION	170. DATE OF OFER	411014	196 COND	HON FOR WHICH OF	ERATION	VAS FERFORME	.D.F			20 AUTOPS	
ON OF VIT	THE WORLD BE COUNTY OF TO BUILD		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY YE	AR 21c H	IOW INJURY OC	CCURRED (E	NTER NATURE OF INJURY	IN ITEM 18 PART 1 OR I		
DIVISION THIS CERTIFIC	E, WRITING RWARDED TO PAGE 3 SHE STATE DEPAI 7, 21201 PRIO	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE D		OF INJURY (AT HOME, TORY, FARM, ETC.)		STREET		CITY OR TOWN	C	COUNTY	STATE
MEDICAL EXAMINER: 1	CUTE THE CERTIFICAT RE 4 SHOULD BE FOR FUNERAL DIRECTOR. FOR TH, WITH THE FOR THE MARYLAND		226. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinia death resulted fram: Natural causes . Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE								E 8-13/	ke	
5	SA 2 A S	23a.B	JRIAL, CREMATION, P	REMOVAL 231	b DATE	231. NAME OF C	EMETERY (ADDRESSOR CREMATORY	2	Id LOCATION		YINIY	STATE
07/84 B	P	C.	remation	S	ept. 2,1	986 Westvi	ew Mei	norial 1	Park	Catonsvil			ryland
	DHMH - 17 R A15 ME (5))					uneral Directown, MD 2			EP 2	- 1986 Fu	156 REGISTRAR'S	SIGNATURE	
		0,	Tobot by	110 ac	II WILLIAM	DOWING TID U	1100-	2102					

		0				ST	ATE OF A	MARYLAND					
RI	100	11-	FOR STATE			DEPARTMENT O						9 1 6	5
YL	624		REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEA	TH REG. N	10	- 0	
0 .			CEASED NAM	E FIRST		MIDDLE		LAST		20 DATE KNOWN	MONTH	DAY YEAR	2b HOUR
	% × × × × × ×	(11)	E OR PRINT)	DAN	IET.	SULLI	77777	MALONE		OF ESTI-		06.	
	A C E C E C E C E C E C E C E C E C E C	3. SE	(4 RACE	5. DATE OF BIRTH	6 AGE (IN	YEARS IF LIN		R 24 HRS	2c. DATE	MONTH	L-8619	2d HOUR
	Z STEE	MA	TD	WHITE	MONTH DAY	YEAR LAST BIRTH	DAY) MONI			PRONOUNCED			
-	NOON	7 77	RTHPLACE (5		FEBRUARY		YRS.			DEAD		L-8619	1:55a
	IN ESSARY, PLEASE IN ERAL DIRECTOR. PROUR FILES. ITHIN 72 HOURS THEFTON STREET,	FC	REIGN COUNTRY)	TATE OR		HAT COUNTRY?	MARR	IED NEVER MAR	RIEDX	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
		-	RYLAND		USA		WIDOV	VED DIVOR		Baltimore (County	7	MD
1/1	八頭是	ID C	ITY OR TOWN	OF DEATH	11 NAME OF HOS	PITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION		AL OCCUPATION (TY	PE OF WORK	126 KIND OF BU	PV
4 5	Se Pos	AR	BUTUS			ve.N. Of K		Rd.	MAN	AGER	2	RESTAU	JRANT
-	ANY DEL	USU/	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	510N)		les cros				
21201	ANN		RYLAND	BALTI		ARBUTUS		YES NO X	1 553	6 OAKLAND	ROAD	21227	
MD.	A S S S S S S S S S S S S S S S S S S S	14, F	ATHER'S NAMI	E				15. MOTHER'S MAIL					
	E1389550	.TΔ	MES FOR	VARD MALC	MIDDLE	LAST		MARGA		. DANIELS		LAST	
O	AND WA			D EVER IN U.S. AF		16b. SOCIAL SECUR	ITY NO	17 INFORMANT	TOT O	ADDRES	c		
BALTIMORE,	E-2555	(A	ES, NO, OR UNKNO	OWN) (# YES, GIV	E WAR OR DATES)				AT ONTO			2020	
W .	SEE	NO				217-78-07	08	J.EDARD M	ALONE	5536 OAK	TAMD	ROAD	
ti.	(Care		18 CAUSE C	OF DEATH (Enter of EATH WAS CAUSE	nly one couse per line	for (a), (b), and (c).)						BETWEEN ONSE	INTERVAL
PRESTON ST.	TE STREET	1	9/2		ATE CAUSE (o) N	ultiple in		S					
151	Z 2 1 2 0		0.0			AS A CONSEQUENCE	OF						
2	FIRENER			ns, if ony, which se to immediate									
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30	ON AND AND AND AND AND AND AND AND AND AN		lying cou	ose lost.	(c)							1	
So	ANNA		PART 2 OTNER SI	GNIFICANT CONDITIONS		BUT NOT RELATED TO THE TE	MINAL DISEAS	F OR CONDITION GIVEN IN P	ART Lin				
ő	A AS A CREATH	Z							ANI I I				
RE	DEN AND T	Ě	190 DATE OF	OPERATION	19h CONDII	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	
TAL.	SHOUL ORD "F CHIEF E USED TOF H	FIC	Wall of										
OF VITAL RECORDS	m > m @ Z @ /	MEDICAL CERTIFICATION	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INTIDV	Tal. U	NA INTERPRETATION		ATURE OF INJURY IN ITEM 18		YES X	NO 🗌
0	A HE WATER W	0	UNDERLYING	M OP	HOUR A.M	MONTH DAY YEA	AR ZIC. FIX	JW INJURY OCCURR	ED (ENIERN	ATURE OF INJURY IN ITEM 18	PART I OR PAR	17 2)	
o o	F - 0 0 1 2	2	CONTRIBUTI	NG CAUSE OF	DEATH 1:50AM	8-31-86	dri	ver of a	car he	ead-on col	lision	n with a	truck
DIVISION	CER 38	MA MA	WHILE		STREET, FACT	OF INJURY (AT HOME,		CATION TREET		CITY OR TOWN	- 600	INTY	STATE
۵	WR ARRANGE AND	-	AT WORK	AT WORK	x str	eet	Ben	son Ave.N.	of K	mecht Rd.	Balto	o., Co.Mo	2
	WINER: THIS CERTIF FICATE, WRITING SE FORWARDED TO CTOR: PAGE 3 SH THE STATE DEPA THE STATE DEPA THE STATE DEPA		22g. Leertu	fy that I took char	ge of the remains des	cribed above, held an	Autop	sy X. Inspection					
	NOTOTA		death result		irol couses .		vicide				nd in my op	inion	
	KECKET IN THE CANADA IN THE CA		dedin reson	ed from: 14010	norcooses [,	Accident [A.],	oicide [_]	, Homicide .	Undete	rmined monner			
			ACTUAL	1/2	-	-/		TITLE (SPECIFY)			DATE	0 21	0.0
	SEA SE		SIGNATURE,			/	M	D. Assistar	TE_MEDI	CAL EXAMINER	SIGNE	8-31-	86
	A S C S C S C S C S C S C S C S C S C S		EXAMINER'S	NAME	William	M. Zane, M	.D.	111	Penn	Street			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH THE ST. BAUTMORE, NO. 2	12- DI	TYPE OR PRI	TION, REMOVAL				ADDRESS					
		(5	PECIFY)	TION, REMOVAL		23c. NAME OF CI			CITY O	CATION	COUN	TY 51	ATE
07/84 25M	BP		RIAL INERAL DIREC	TOP	09/03/86	MEADOWR	IDGE (CEMETERY	DOR	SEY	HOWA		YLAND
	DHMH - 17	24. 11	NAME DIREC	.TOR	ADDRESS			250. DATE		REGISTRAR 256 REG	STRAR'S SI	GNATURE	
	(VR A15 ME (5))	AM	BROSE	FUNERAL I	HOME 1328	SULPHUR SE	RING	ROAD SFP	2 1	986 gunar	ALVI GOST		

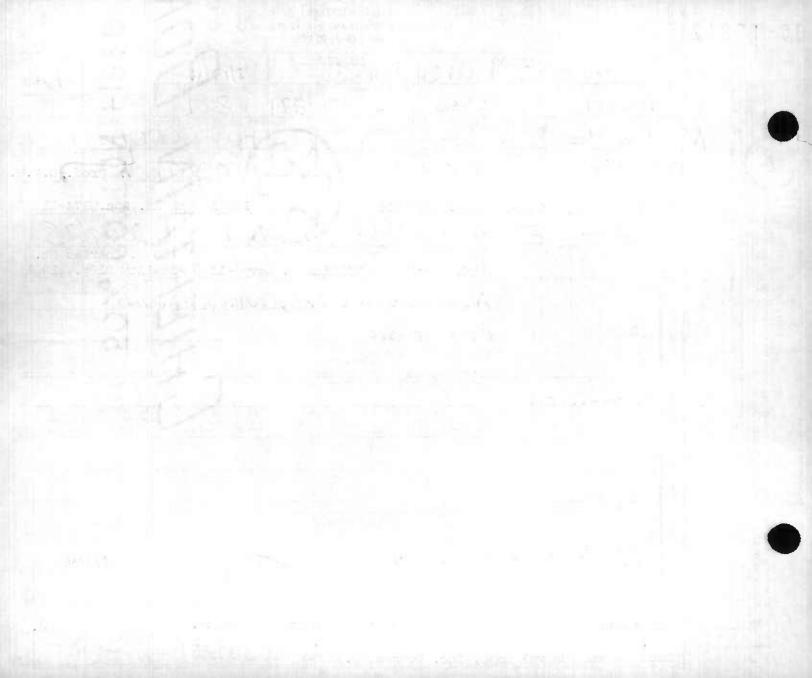


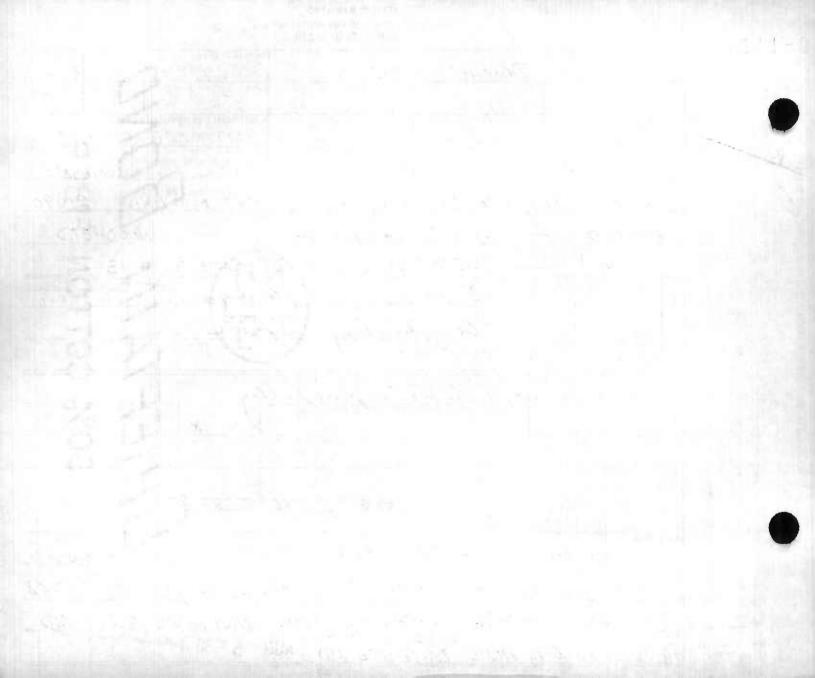
10701	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND TEALTH AND MENT TICATE OF DEAT			2 G. NO.	19	1 /
10/01		CEASED NAME ORPRINT) FRONK	FIRST		alek	S. DATE (OF BIRTH		O. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR 8 15 A M IF UNDER 24 HRS
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DHMH - 16 60M 7/B4	LE	NERAL DIRECTOR RE	ussell C.	Witzke J	uneral f	iomes P.A.	750 DATE REC'D.	BY REGISTRAR 29	REGISTRAR'S	SIGNATURE	
(VRA 15, 4)	110	30 Edmonds	on Avenue,	Catonsvi	ille, MD.	21228	AUG 1	5 1986			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6

- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME EIDST 2h HOUR (TYPE OR PRINT) 4, 1986 E. Martin August 12501 A M Margaret DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE IF UNDER 24 HRS MONTH DAY YEAR White Female 1911 10 6 74 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED X DIVORCED [Baltimore County U.S.A. Maryland O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Edgemere 7111½ Ella Avenue MOUAL RESIDENCE HE NURS COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Rt.1 Box 124 21640 Caroline Henderson YES T NO Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE Lee Logan Spivey Marv ADDRESS 7111 Ella Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN LIE YES GIVE WAR OR DATEST 216-76-8907 Richard C. Martin, Sr. Balto. MD. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lat, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO T 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 MEDI 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from 7/30 saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OR PRIN 22e ADDRESS BAGIMUNE Red 2/224 MILHARI PURTELL 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 8/7/1986 Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

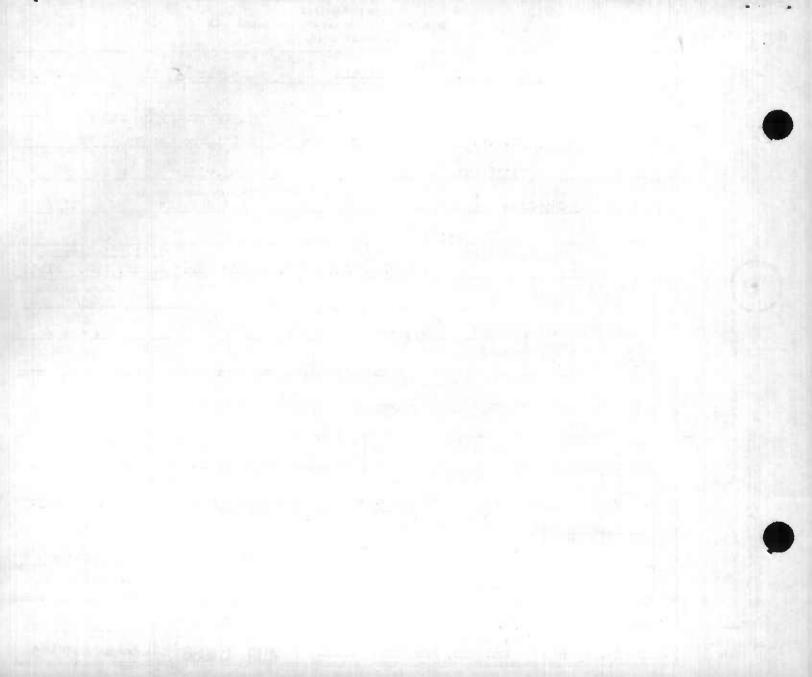
Oak Lawn Cemetery

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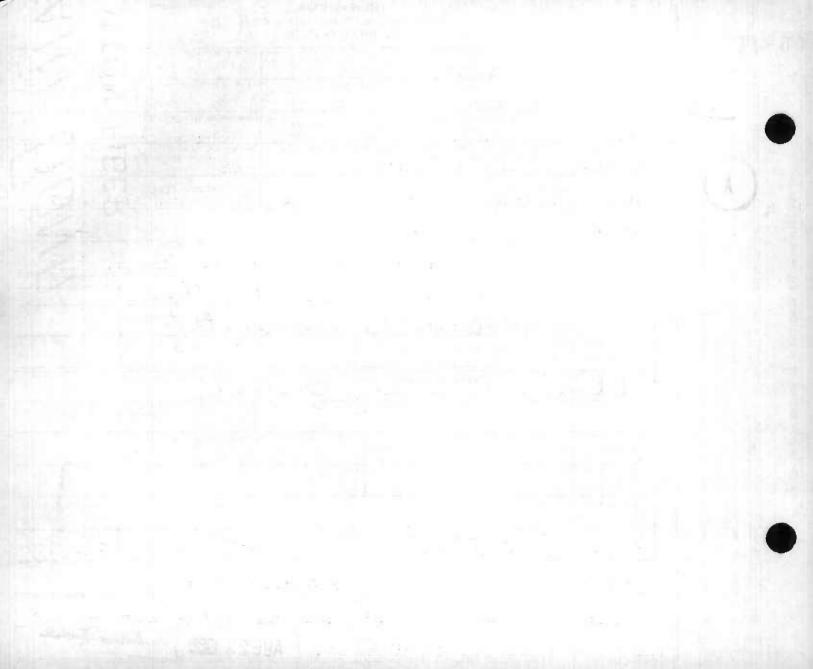
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21222 Dundalk, Maryland 7922 Wise Avenue

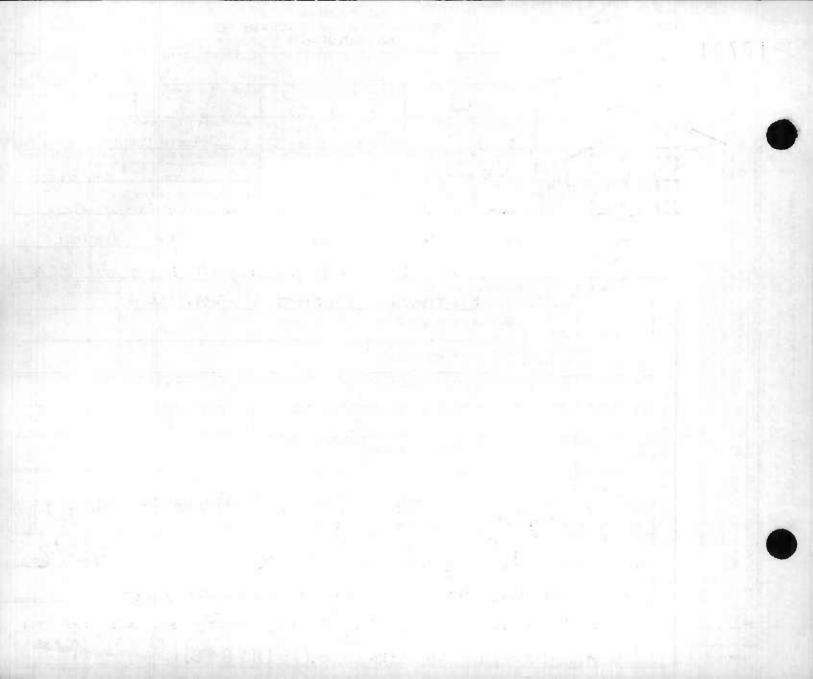


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16 60M 7/84		UNERAL DIRECTOR		ADDRESS		21229	25a. DA1	IG 22 1986	St REGISTRA	HAZEN HOLE	HARL
/RA 15, 4)	H	ubbard Funera	l Home, I	nc. 4107	Wilke	ns Ave	. Al	10 24 1900 A			

STATE OF MARYLAND



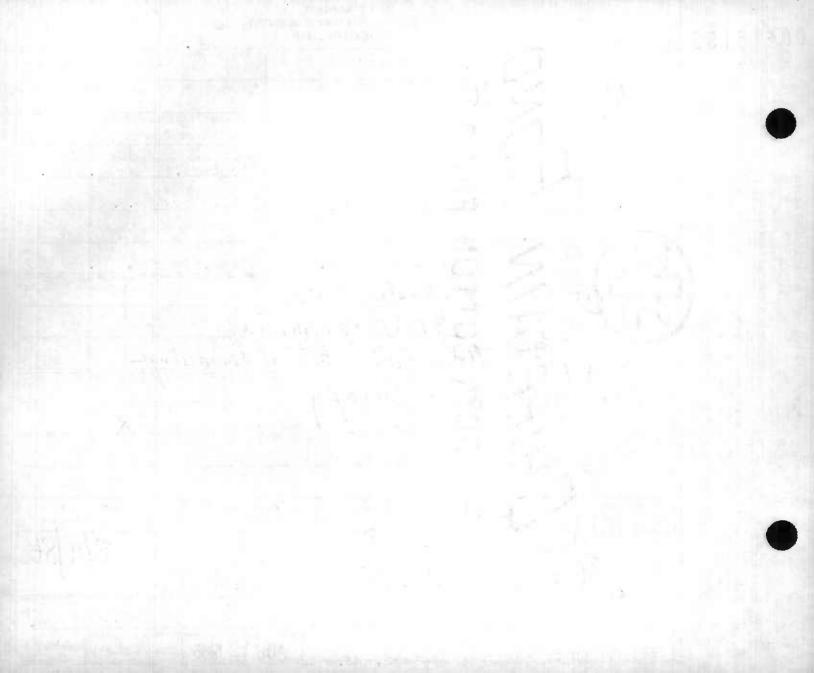
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1		ATHER'S NAME		Arbutus		THER'S MAIDEN N	IAME	EL AVEITUE	= 21223
3/		Louis	B.	Weber		Agnes	Joseph:	ine W	isniski
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18/		Diana H. Gri			St	. Agnes F	losp. Oncoloc	y Dept.	
. 21	23a.	BURIAL, CREMATION, REMOV	AL ZIB. DATE	23c. N		RY OR CREMATORY		COUN	NTV CTATE
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4)	1 1	Jubbard Funoral	Homo Inc	ADDRESS	Wilkons	ATTO ATT	116 2 0 1086	Juna David	Jan-Manage



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN Zo. DATE 26 HOUR (TYPE OR PRINT) ESTI UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 1910 76 DEAD White 30 Male 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore County, Maryland U.S.A. DIVORCED SHOULD BE FILED.

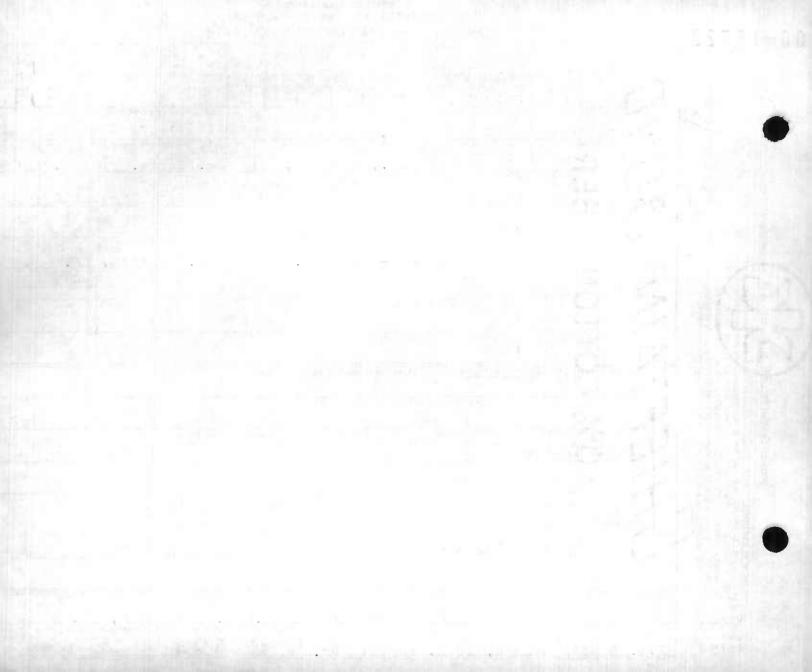
REGORDS, 201 W. ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION York Road Truck Driver **OR INDUSTRY** 17005 Monkton Concrete Baltimore 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland No [X] 17005 York Road/21111 Monkton 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST Miller John Grant Lula Mays 10 Cedarmere Rd. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-26-7261 Linwood E. Mays, Owings Mills, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id ARITING THE CHIEF MEDICAL ARDED TO THE CHIEF MEDICAL AGE 3 SHOULD BE USED AS A BILL AND ADDRESS AND AD CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES EXECUTE THE CERTIFICATE, WRITING THE WAY PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFFE DEATH, WITH THE STATE DEPARTMENTS BALTMORE, MARYLAND, 21201 PRIOR TO BE 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 211. LOCATION AT WORK AT WORLE STREET STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY Autopsy 27a I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide death resulted from: Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME Aug. 19, 1986 Hereford Baptist SPECIFY) Hereford, Balt., MD Burial BP Second at Franklin St. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** J.J. Hartenstein New Freedom, PA 17349 (VR A15 ME (5)) 20M 4/82

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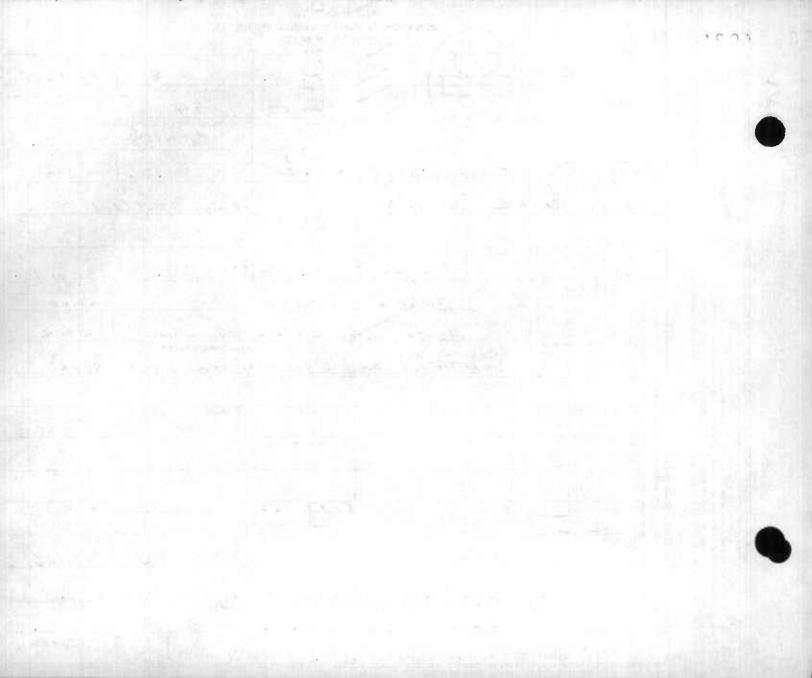
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000			A. Ronald	D. McQuade	CEKIN	ICATE OF DEATH	REG. NO.	
		CEASED NAME	FIRST	MIDDLE	-190	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
moy be poge 3			Ronald And	rew McQUA	DE		August 18, 1986	2:25a M
	3 SEX		4 RACE		S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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DIVISION OF VITAL RECORDS,	uG PHYSICIAN; The International physicion. In this certificate has is the buriol-transit per hand Mentol Hygiene hand Mentol Hygiene riked of Item 18 shows	MEC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	TREET	CITY OR TOV	IN CO	DUNTY STATE	
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	OR AT DIRECT Sched for Dept. o		226. SIGNATURE	on view the body after death.	DEGREE			2:	2c. DATE SIGNED	
			Vanconts	me-	am Co	ATTENDING PHYSICIAN	MEDICAL STAF	F	8/31/8/	
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	BP	(PECIFY)				CITY OR TOWN	COUN	TY STATE	
		74 FI	Burial NERAL DIRECTOR	9-3-86 M	oreland N	1em.Pk.	Baltimo	re	Md	
	DHMH - 16 50M 1/81 (VRA 15, 4)		El The Funer	ADDRESS		. CE	REC'D. BY REGISTRAR	The REGISTRAR'S	SIGNATURE	
			runer	al Home, Hamp	stead. Md	I. UL	1 1300			



DIVISION OF VITAL RECO

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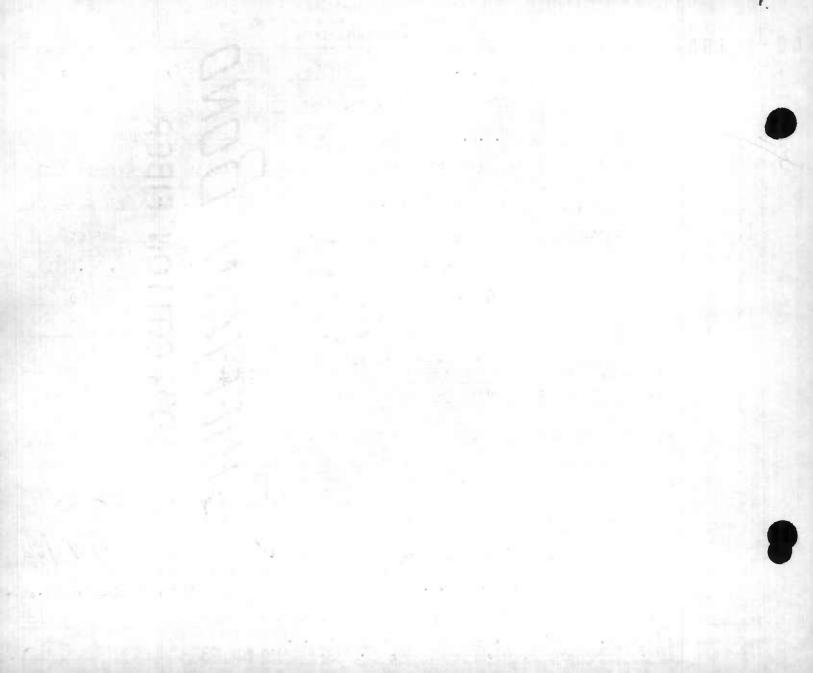
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

		REGISTRAR						REG. N	O.			
1	I DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)			MIDDLE	LAST			2a. DATE OF DEATH	MONTH	DAY YEAR	Y YEAR 26 HOUR	
		Ver		LeRoy		tzler		August 24	, 198		12:35PM	
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e l	Mal		White	White		18	1923	62	YRS.			
λ		BIRTHPLACE STATE OF FOREIGN 76 CITI		CITIZEN OF WHAT COUNTRY?		NEVER A	NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY			Y OF DEATH		
5		ryland		U.S.A. WIDO				Baltimo			MD.	
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1		ssville		Franklin Square Hospital				Machine Op	erato	r Betl	h. Steel	
į.	13a. S	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE						E	100			
)	Maryland Balt		timore			YES NO K		1909 Hasel	mere	Road	21222	
X	14 FATHER'S NAME		MIDDLE LAST				MAIDEN NAA	NAME		LAST		
d	Roy	7	A.	Metzl	ler		let			Bak		
		VAS DECEASED EVER IN U.S.	ARMED FORCES?				NT	hije. V	REAL HOUSE			
-	Yes		WII				Ruth M. Metzler Same			e as 1	as 13e	
		18 CAUSE OF DEATH (Enter				N PASS	No.			APPRO	NONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary collapse									1000	
ī	3	DUE TO, OR AS A CONSEQUENCE OF										
	1	Conditions, if any, which ((b) Pulmonary carcinoma										
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	9	underlying couse lost										
ř		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
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r	CAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.	M.	19							
	MEDICAL	21d INJURY OCCURRED		OF INJURY	E FARM EIC)	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE	
		MHILE NOT WHILE L										
		22a I certify that (10 (this hospital) attended the deceased from August 15 19 86 to August 24 19 86 thorong (we) lost										
	0	saw the deceased alive on August 24 19 86 and that in (play our) opinion death accurred on the date and how and from the causes stated above, (M (we) (did) (did) off) view the body after death.										
		226 SIGNAFURE DEGREE								22c DAT	E SIGNED	
	100	Keith . Talban, Mb PHYSICIAN DIRECTOR PHYSICIAN N								06	14186	
1		22d PHYSICIAN'S NAME (TYPE OR PRINT)										
		Keith W. Parker, M.D. 9000 Franklin Square Drive, 2								21237		
	23a B	SURIAL, CREMATION, REMOV	23E NAME OF CEMETERY OR CR			REMATORY	ATORY 23d LOCATION			STATE		
	Bu:	rial		8/28/1986 Meadowr		idge		Dorsey	Howa		Maryland	
	24 FU	JNERAL DIRECTOR Duda-Ruck, Inc.						IRABINEDON:	RE			
	792	922 Wise Avenue Dundalk, Maryland 21222										

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



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STATE OF MARYLAND

FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.						
	CEASED NAME OR PRINT) Ad	elaic	de Mil	ler	L	AST	20 DATE OF DE			26. HOU	R4C			
1 SE	× Female		Caucas	dan	5 DATE C	ember 13 1898	6 AGE (IN YEARS	LAST BIRTHDAY}	MONIHS DAYS		AIN.			
	RIHPLACE (STATE ORF	OREIGN	U.S.A.	WHAT COUNTRY?	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH								
	TY OR TOWN OF DEA	(TH		HOSPITAL, NURSIN H FACULTY, GIVE STREET T NURSING F		DR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Homenake	MOST OF WORKING		OF BUSINE	SSOR			
USU.	AL RESIDENCE (IF NURS STATE Maryland	NCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COLINTY BALLIMOTE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? YES \(\text{NOTE} \) NO \(\text{X} \) 130. STREET ADDRESS / ZIP 130. STREET ADDRESS / ZIP 130. STREET ADDRESS / ZIP							DDE IVe.	212	207			
	John Nickolas	3 Oberh	MIDDLE eim	LAST		15 MOTHER'S MAIDEN NA Mary Helene		DDLE	ı	AST				
16a V	NAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 212-74-		17 INFOMESINIMARY J		ADDRESS Balti	more	212 Mary	207 land			
CERTIFICATION	Canditions, if any, gove rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	nediate g the last.	DUE TO, O	nemi	ENCE OF	NOT RELATED TO THE TERM	20a AUTOPS	20b. IF	YES, WERE FINI RTIFYING CAUS	DINGS USER	TH?			
MEDICAL CERTI	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIT 21d. INJURY OCCURI WHITE NOTIFY MEDIT 22d. Lertify that (I) Sow the decease above, (I) (we) (6 22b. SIGNATURE 22d. PHYSICIAN'S N.	CAUSE OF DEA CAL EXAMINER RED HILE RA (this haspi ed alive an did) (did no	21e PLACE (AT HOME STE tal) ottended th	M. MONTH DAM. OF INJURY REEL, FACTORY, OFFICE, F	19 25 86.0	216 HOW INJURY OCCUR 216 LOCATION STREET 19 nd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	RED (ENTER NATURE	A -ug n the date and I	COUNTY	s, that (h (v	state we) last			
	BURIAL, CREMATION,	REMOVAL	23h DATE 8/9/86	23c. h	NAME OF C	TEMETERY OR CREMATORY ne Park Cemetery	23d LOCATIO		Balt Imor	e Marv	land			

AUG 8 1986 pina Dandar Ann

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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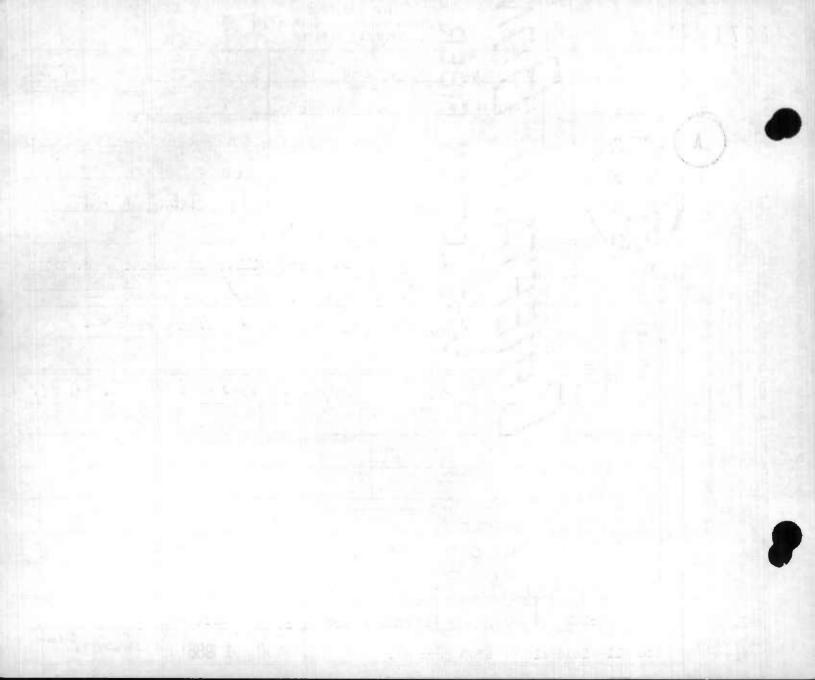
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR		DEPARTMENT OF HEAL CERTIFICA	TH AND MENTAL HYG	REG. N	2 1 7	0 =1
	CEASED NAME FRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
Link	KATHE	VA) A/	mill	FD	8-1-86		9 1/A M
1. SEX		4 RACE	5. DATE OF BI		6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 Y	
1	E in ni S	CAUCASIR	MONTH 5	DAY YEAR	92	MONTHS DA	AYS HOURS MIN.
Te. 01	THILACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	11 04	9 BALTIMORE CITY	OR COUNTY OF DEATH	1
V.	Ountkin.	1164		NEVER MARRIED			
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWED W. NURSING HOME OR O		12a USUAL OCCUPAT	HON TIDE KIN	D OF BUSINESS OR
r _		(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS]		(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST	
	SIDENCE (IE NURSING HOME	MANOR OF PERIOR	CARE KU	XI DN	Homer	n akeki	7/17/10
IJa S	ESIDENCE (IF NURSING HOME OF A LE	3A/40 BA		INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE	1212
FA	THER'S NAME	MIDDLE	LAST 15	MOTHER'S MAIDEN NAM	WE	0	LAST
1	LINKNOWN		Medicine (UNKNOW			(7.3)
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO. 17	INFORMANT	ADDR	ESS	
1	NES, NO OR UNKNOWN) (IF YES, O	215	055984	J. Murray	Miller 702	Chumleigh	Rd. 21212
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause IoI, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	n- 18/	DNSEQUENCE OF	Signer	INAL DISEASE OR CON	206. IF YES, WERE FINING CAU	Vuelliju
TE	Name of the State of				YES NO	YES	NO [
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		NTH DAY YEAR	HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I ORPART	2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		LOCATION STREET	CITY OR T	OWN COUNTY	STATE
	22a I certify that (I) (this hos	pital) attended the decease	d from		, to	. 19	that (I) (we) lost
	sow the deceased alive a	not) view the body ofter deo	19, ond th	ot in (my) (our) opinion (death occurred on the o	lote and hour and from	the couses stated
	22b. SIGNATURE	mes	· La.D	ATTENDING PHYSICIAN	MEDICAL STA	FF _ Ø	ATESIGNED 86
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	PATE	ADDRESS			
23a. B	URIAL, CREMATION, REMOVA		23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	8/4/86	Lorraine	Park Cemt.	Baltim	ore	Md.
24 FU	JNERAL DIRECTOR		ADDRESS	250. DAT		256. REGISTRAR'S SIGN	VATY Endelle
M:	itchell-Wiedef		York Rd.	I AL	JG 4 1986	Julia Davidon	

6500 York Rd.

DHMH - 16 60M 7/84 (VRA 15, 4)



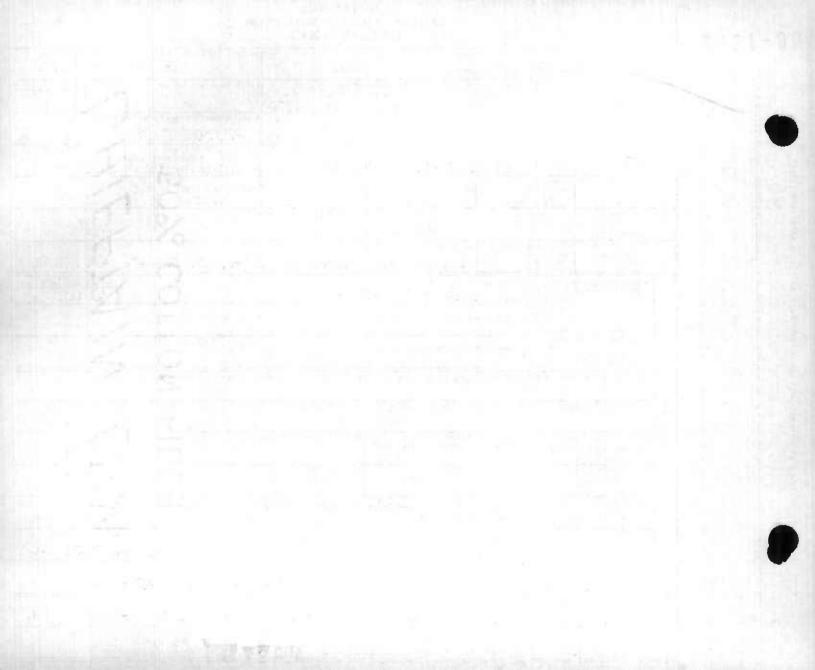
Martin D. Lawson, 10 W. Padonia Rd. 21093

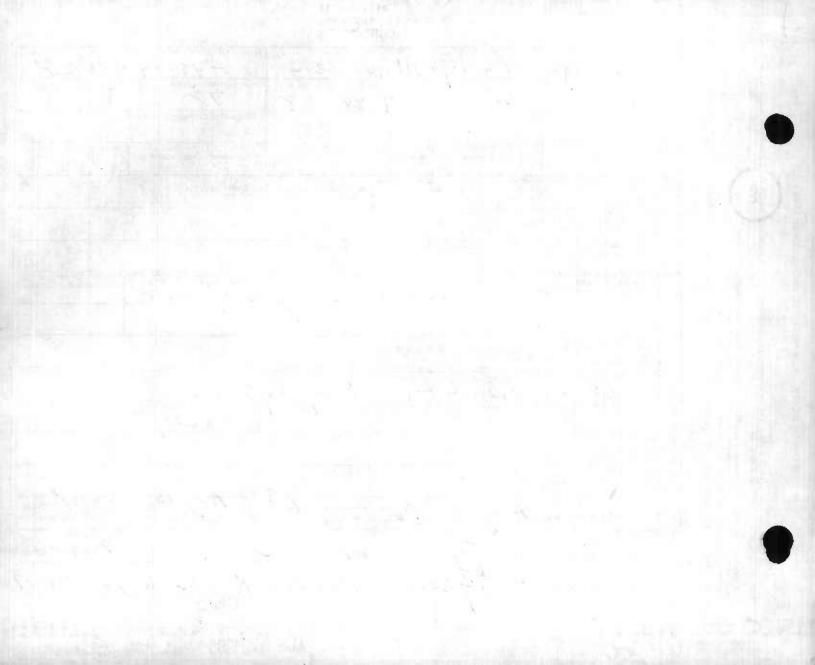
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2	9 5	1
		Leza	Seyed	Re	MIC	mira	AST Mirmiran	MONTH 7/28	DAY YEAR	3.12 PM	
	3 5E/	Male	4	White		S. DATE C		6. AGE (IN YEARS LAST BI	O YRS.	IF UNDER LYEAR	IF UNDER 24 HRS
7	I	THPLACE (STATE ORFO		CITIZEN OF V	1	WIDOWE		Baltimorecity	COUNTY	71	MD.
3	10	DI OR TOWN OF DEA	Md.	ST,	VOS E	PEET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT THE OF WORK FOR MOST O KETITED		FE) INDUSTRY	my
5	130. S	Maryland	136 COUNTY Balt	Υ	130 CITY OR TO	NWC	13d. INSIDE CITY LIMITS? YES NO		ey Ru	21	204
0	14. FA	Amirnagh	i	DDLE Mi	irmirân		Kobra	WE		Mi	rmiran
	16a V	VAS DECEASED EVER (ES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	213 -98		Fred Mirmira	n Sa	ime as	13e	
/	5	18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED	BY:	line to Pial, (b),	-	, Failure			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Canditians, it any, gave rise to imm cause (a), stating	nediate g the	(b)	AS A CONSEC	terial	hemonia	,			
	NO	PART 2. OTHER SIGN		onditions co	INTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 10	a
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDIT	TION FOR WHI	CH OPERATIO	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDII FYING CAUSES ES []	
2	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
	MED	21d. INJURY OCCURR	ILE 🗍	21s. PLACE C	OF INJURY BET, FACTORY, OFFI	CE, FARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		220.1 certify that (1) saw the decease abaye (1) (we) (d	d alive an_	8 . 6	LD, 19	86, ar	nd that in (my) (aur) apinian o	ta death accurred an the d		19 ur and from the	that (I) (we) last causes stated
,		226 SIGNATURE	al	illhe	u	to 1		MEDICAL STA	FF TIAN []	22c. DATE	SIGNED
1		660 11	ME (TYPE OR P	LWOR	TH)	BLINK	Towsm,	Les). ;	2/204	1
	23a B	URIAL, CREMATION, I		236 DATE 8/30/86			EMETERY OR CREMATORY Valley	Cockeysv	ille	Balto.	Md

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc.

1050

York Rd. SFP





00-14807	1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	3 8
oy be death	T DECEASED NAME Carrial	RMALETA M. M. Chell	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR 12 32 Am DER 1 YEAR IF UNDER 24 HRS
ge 4 m Cy offer.	Female	-CAU White 66 64 29	57 YRS. MONTH	S DAYS HOURS MIN.
O X 35	D. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALL DORE	COUNTY MD.
18	Towson	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST JOSE PH HOSPITAL		KIND OF BUSINESS OR DUSTRY Roads Comm.
AND 212	Ma STATE M d	BALLIMORE YES NO [130 STREET ADDRESS / ZIR CODE	21206 VEEW AVB
WARTH TOO	William	Schumacher Is MOTHER'S MAIDEN NA	MIDDLE Witt	LAST
MORE Second	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	chell, Same as 13e	
IT, BALT Inhicote h poppers emosol.	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE	anly ane cause per line far (a), (b), and (c),)	uf ABOSTON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON quire, that the death or signed of the after the pigess remove of the to brink or wher trauments	74	DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERA		ABY PART IIO
L RECOR	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WE IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
NO P VITA SSCIAN: Titling physicis contificate contificate contificate from 18 the	OR CONTRIBUTING CAUSE OF E	HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART) C	OR PART 2)
DING PH Or uttend After this on the b	NOT WHILE AT WORK	pital) ottended of degased from	CITY OR TOWN	OUNTY STATE that (1) (ye) lost
fia, OR ATTEN by the hospital Rai, DRECTOR, debacted for un total Dept of He MT, if there 21 is	saw the deceased alive obove. If (we) (did) (did) 22b. SIGNATURE	not fiew the board after douth. DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
O HOSPITAL CO HOSPITAL TO FUNERAL TO FUNERAL THE STORM MADORIANI	22d PHYSICIAN PE (TYPE	HARD WISKES 1	1600 OS FR	1 21204
147 BP	23a. 8URIAL, CREMATION, REMOVA Burial	8-9-86 Gardens of Faith	Balto., Md.	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Leonard J. Ruc	ek, Inc.,5305 Harford Rd. 250. DA	TE REC'D. BY REGISTRAR 256. REGISTRAR S	SIGNATUSE

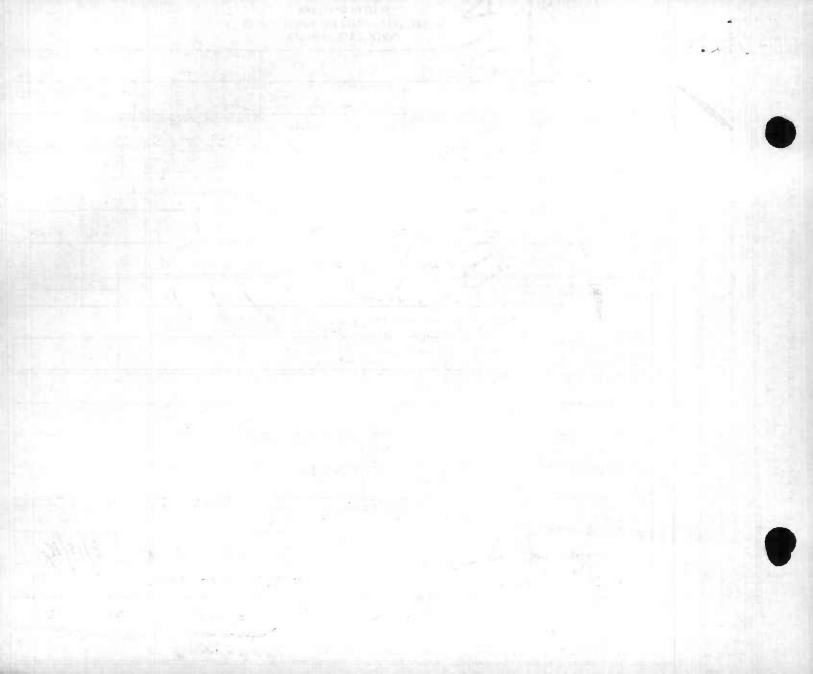
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Lie Lacrated J. Mick. Ica., 5705 Northerd M.

00-	-16		7	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH	45	NE 6	2	9 3	9
	eq ,	death.			CT	arence		W.	MC	ORE ,Sr	20	August 29	, 1986	AY YEAR	3:00p
	e 4 moy	s ofter d		3. SE)	male (black	do is	S. DATE C		AR	AGE IN YEARS LAST BIRT	HDAY) II	FUNDER TYEAR	HOURS MIN.
	1	n 72 hou	M		RTHPLACE (STATE OR FO	REIGN 7b.	US A	WHAT COUN	MARRIE WIDOWE	NEVER MARRIE	D 🗆 🤊	Baltimore city of Baltimore	R COUNTY O		MD.
7.11	1	3	1	10. CI	TY OR TOWN OF DEAT	н 17.				R OTHER INSTITUTIO		TYPE OF WORK FOR MOST OF Retired		126 KIND O INDUSTRY	F BUSINESS OR
AND 212	1	1	35	USU/ 13a S	AL RESIDENCE (IF NURSIN	G HOME OR OTH 3b COUNTY	PER INSTITUTION	Baltimo	TOWN	134 INSIDE CITY LIMI YES MO	ITS? 13	street address / 2904 Keyworth	zip code Avenue	21215	
MARYL	ted with	and 2 s	OC	14 FA	Payton	MJDI	DIE	Moore		Annie	EN NAME	WIDDLE		ŁAS	
1MORE,	oe execut	Poges	2		VAS DECEASED EVER II ES, NO OR UNKNOWN) YES	U.S. ARMEI		166. SOCIAL 218–26–	SECURITY NO.	Irma Moore 2	2904 K	eyworth Aven		PS	
ST., BAL	ertificate	onpoper	event, the		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only o S CAUSED B MMEDIATE C	ane cause pe iY: AUSE (a)	vecrot"	zing Pn	eumonia Le	ft Lu	ıng		BETWEEN (MATE INTERVAL DNSET AND DEATH
S, 201 W. PRESTON ST	uires that the death of	buriol, cremo	ury, or other traumotic	7	Canditions, if any, gove rise to imme cause (a), stating underlying cause	the last.	DUE TO, OI	R AS A CONS	SEQUENCE OF	y Arrest w					
DIVISION OF VITAL RECORDS,	he low required.	t peri	lui kua swa	CERTIFICATION	190 DATE OF OPERATI	ON	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AÜTÖPSY? YES NO 🔀	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
NOF VIT	SICIAN: T	burial-transi Mental Hygi	Jem 18	MEDICAL CER	710. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	Ρ.	м. мо n th м.	DAY YEAR		OCCURRED) (ENTER MATURE OF INJUR	Y IN ITEM TO PAI	RT I OR PART 2)	
DIVISIO	ING PHY		orked or	MED	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK			REET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	96	CITY OR TOV		COUNTY	STATE
	ATTEND Spitol o	d for use	n 21 is m		27a L certify that (1) (sow the deceased above (1) (we) (di	this hospital) dive on A	ottended th UGUS t lew the body	e deceased for 29, after death.	19 86 , 0	nd that in (Xy) (aur) ap	Pinion dec	to AUGUST 2	,	and from the	
-	ITAL OR	detoche tate Dep	ž ≒		Meche 1276 SIGNATURE	19	hyl	J. K.	P	DEGREE ATTEND PHYSIC		MEDICAL STAF		F/2	9/PG
	O HOSPITAL	should be deto	MPORTAN		Michael	Taylo	r, M.C).		1		Square Dri	ive	212	237
	BP_	.,			URIAL, CREMATION, R SPECIFY) Burial		236. DATE 9/5/86			EMETERY OR CREMAT		Owings Mi		COUNTY	Md*
	DHMH - (VR)	16 60M	7/84	24 FL	JNERAL DIRECTOR	E	RENT	bue ADDI	ress West 1	+300 Walsh 25	SEP	4 1986	256 REGISTR	AR'S SIGNAT	jandalla



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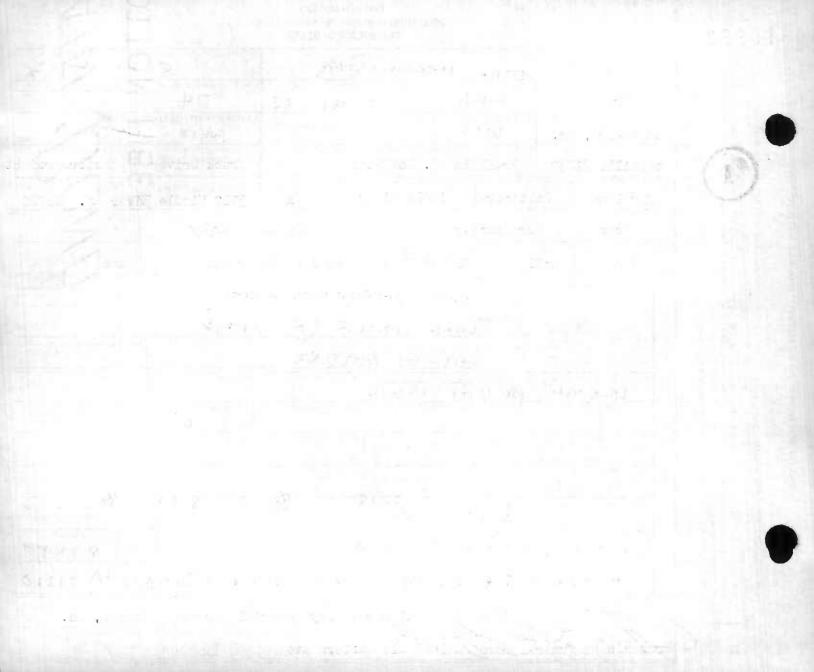
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Leaupel J. Buck Loc. Belts mee, harvland L. Jef

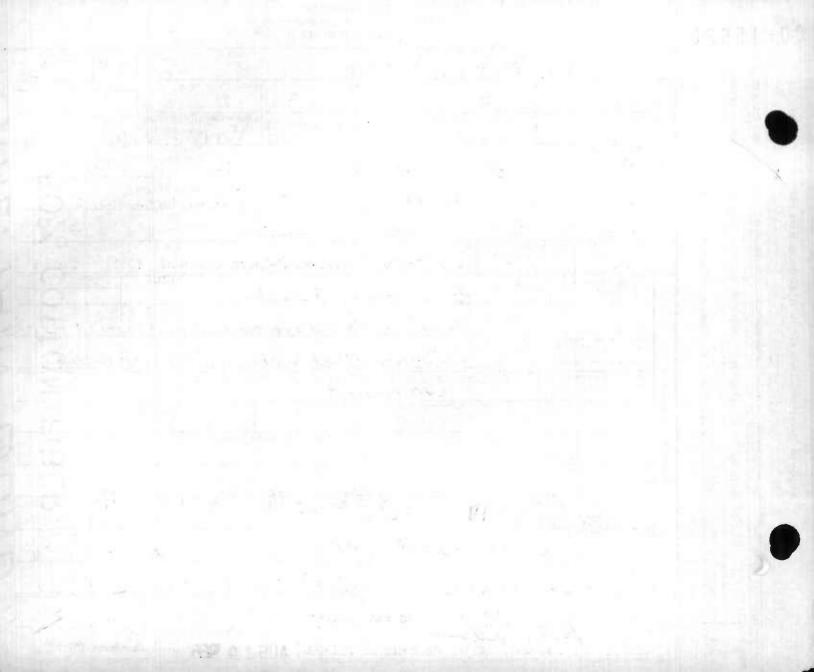
-16332	1	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	GIÈNE 5 2.	1 4 4 2
		DECEASED NAME		······································	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
by be oge 3 death	1	JOH	N William	MORNING	STAR	8	· 22-84 10 34M
Tool Tool	3. 5	Male	1 RACE		DF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
1 117	16	BIRTHPLACE (STATE OF F	OREIGN 76 CITIZEN OF	WHAT COUNTRY? 8		9. BALTIMORE CITY OR CO	
\$ 3E 596	X	Baltimore,	Md. USA	MARRIE	D NEVER MARRIED DIVORCED	MALTO.	cours MD
6	-	CITY OR TOWN OF DEA		HOSPITAL, NURSING HOME (HEACILITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPHOF WORK FOR WOST OF WORK TRUCK Drive	KING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Preigh
AA	US	UAL RESIDENCE (# NURS	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIONS		13. STREET ADDRESS / ZIP	
2 3 4)	Maryland	Baltimore	Middle Rive	YES NO NO	3710 Middle	
MARYL mplerely mplerely example	5 14	FATHER'S NAME John	Mornings	tar	15. MOTHER'S MAIDEN NA		LAST
d co	/ 160		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
IMORE e exec n ond Poges		YES, NO OR UNKNOWN)	WWILL WAR OR DATES)	212 26 3802	Louella Ric	chardson	Same
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within a throughous physician. After this certificate has been signed by the ottending physician and completely feed as the buriol-transit permit. Then please remove carbonapopers. Pages 1 and 2 should have prior to buriol, cremation, or removal. In and Mental Hygiene prior to buriol, cremation, or removal.	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	DUE TO, O which lost. DUE TO, O which lost. DUE TO, O DUE TO, O LOST. D	RAS A CONSEQUENCE OF LUNG CANDO RAS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT ONTRIBUTING TO DEATH BUT THE CONTRIBUTION FOR WHICH OPERATION	NOT RELATED TO THE TERM NOT WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
TISION OF VITA PHYSICIAN: The trending physician this certificate the buriol-tronsit ond Mentol Hygics and Mentol Hygics and or item 48 sha	MEDICAL	(IF EITHER, NOTIFY MEDI 21d, INJURY OCCURE	AL EXAMINER) P. RED 21e. PLACE	M. 19	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTEND inned by the hospitol of PUNERAL DIRECTOR, And be stocked for use the the Stote Dept. of Heoper Portant; if them 21 is many contains.		220. I certify that (I) saw the decease obove, (I) (we) (c) the saw that the decease obove, (I) (we) (c) the saw that the saw the saw the saw that the saw the sa	(this hospital) ottended the dolive on did (did not) view the body	N 19 4	DEGREE ATTENDING PHYSICIAN [122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	19 that (I) (we) lost and hour and from the causes stated 22c DATE SIGNED 8.72 F
BP	230	BURIAL, CREMATION,	REMOVAL BATE 8/25	Value of the second of the sec	EMETERY OR CREMATORY Valley Memor		Towson, Md. STATE
DHMH - 16 60M 7/14 (VRA 15, 4)	24 E	runga projeki	uneral More	A 1467 Old I	Lastern Ave AU	G 25 1985	EGISTRAR'S SIGNATURE



STATE OF MARYLAND

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						STAT	E OF MARYLAND				
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00-15638		REGISTRAR	VA C	atherine	. E. Ma	CERTII	ICATE OF DEA	ATH S	REG. N	O.	7.
	1. DE	CEASED NAME	FIRST	STHELTH	MIDDLE	115	LAST		2a. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
nay be page 3 rr death	(1AME	OR PRINT)	991	1211 (.M	ina.	000	217			8 17 XI	0 3120"
pod er d	3. SE	(4. RACE	111102	5 DATE			6. AGE (IN YEARS LAST BIR		
ge 4	F	emale		White	е	Jugan	ine DAY 6	1913	73	YRS.	PATS HOURS MIN.
Pod day	7a. Bi	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTR	(? 8.	D NEVER MAR	RIED D	BALTIMORE CITY O	R COUNTY OF DEAT	Н
		Maryland		U	SA	WIDOW		- 7	Sa Ho	Count	MD.
	TO CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURS		OTHER INSTITU	ITION	12a. USUAL OCCUPATE		D OF BUSINESS OR
	1	UMSON		Ste	Ma. h	2110	HASDICE	0/	Nun	Re	eligious
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ND Solid		laryland	Balt	imore	Towso	n		o 🗆 🗙		Joppa Rd.	21204
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Wm.C. March F/H Inc. 1101 East North Avenue

(VRA 15, 4)

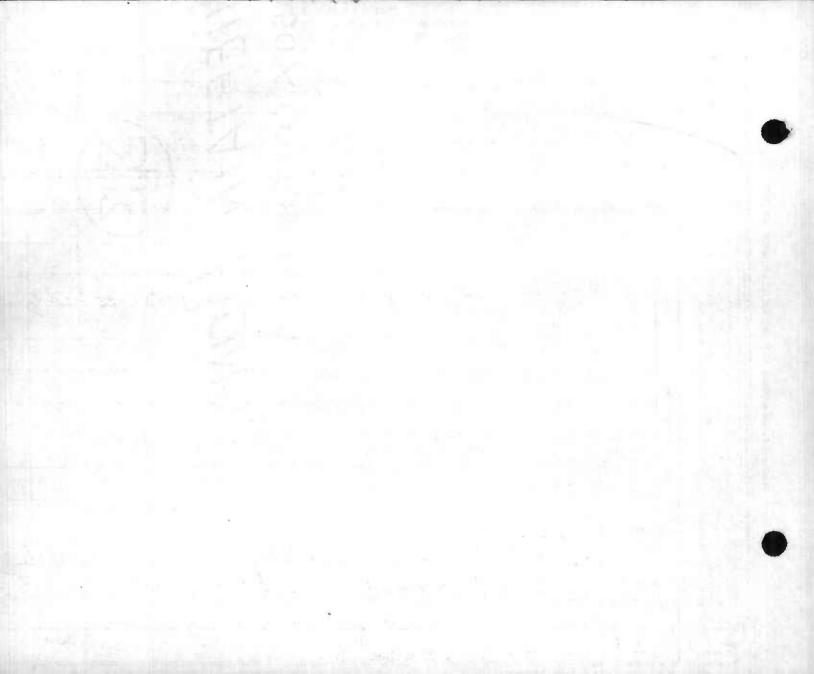
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) Ralph Mulhollen Clair DEATH MATED * SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE Oct. 9.1912 PRONOUNCED Male White DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Penna Penna USA WIDOWED T DIVORCED Baltimore County ELED. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN 8006 IT YET TOW Stone Rd. Ret. Steel Worker Beth. Steel Kingsville SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 13d. INSIDE CITY LIMITS: 13e. STREET AND RESE 110w Stone Rd. 21087 13a. STATMd. 13b. CHATYLO. 13c Kingswille 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Christopher Mulhollen Emma Nolan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 218-09-0766 Mrs. Virginia M. Mulhollen Same 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BYts IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection death resulted from: Undetermined manner Natural coures Homicide EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, A BALLIMORE, MA EXAMINER'S NAME Charles F. O'Donnell (TYPE OR PRINT) 7500 York Road Balto, Md **ADDRESS** 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE 23r. NAME OF CEMETERY OR CREMATORY Gardens of Faith Baltimore Aug. 14.1986 Maryland Burial DHMH-17 20M 1/73 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR AT5 ME (5)) Leonard J. Ruck Inc. Baltimore, Maryland

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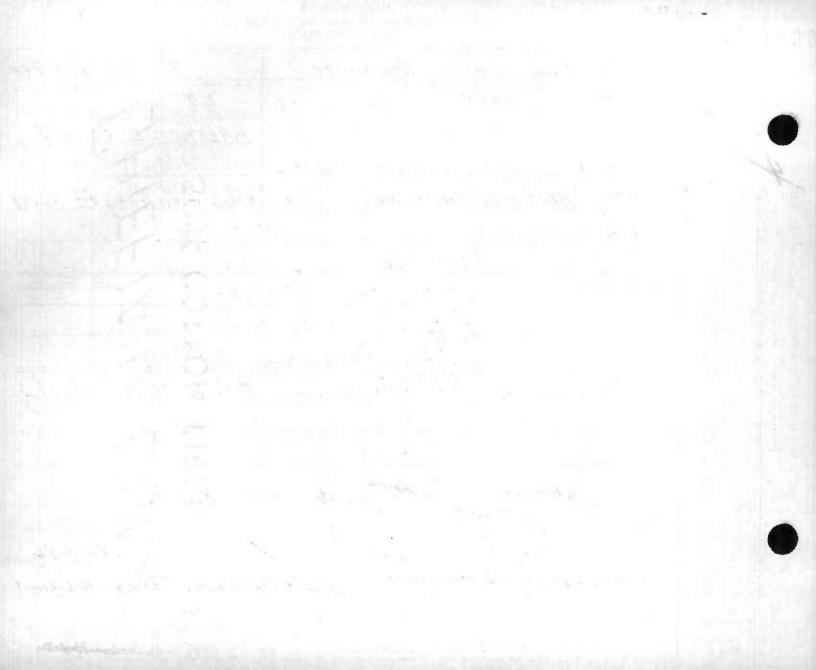
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2124
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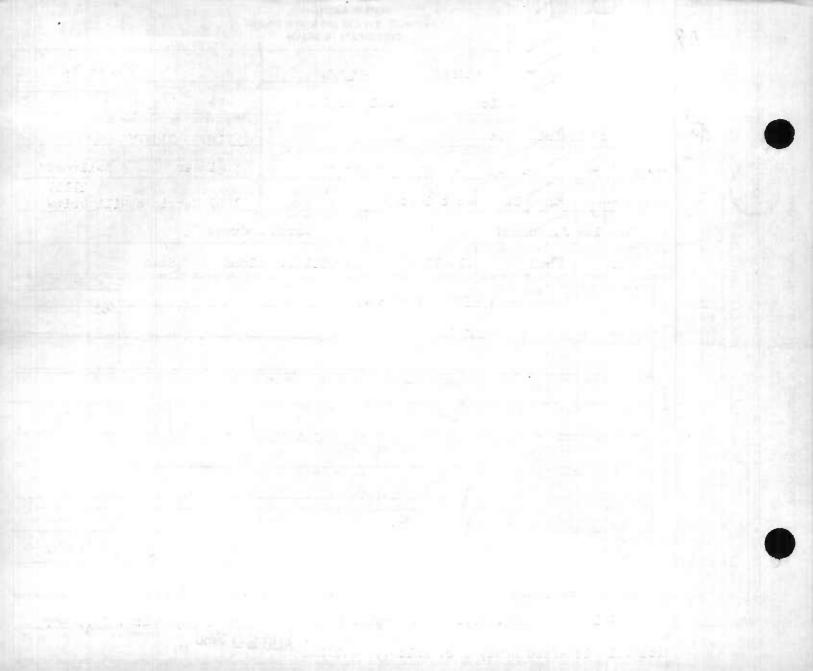
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) Carlton NETHKIN, Sr. August 27. 1986 9:24A 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX Sept. 3. 1903 Male White 82 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland WIDOWED X Baltimore County IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Franklin Square Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville 21237 Lineman Gas & Elec. Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1802 Hilltop Ave. 2122] Maryland Baltimore Essex YES [] NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Bartlett B. Nethkin Catherine Shreve 8 Ridemour Ct. 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212 05 5955 Carlton J. Nethkin No Baltimore APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure and Conditions, if any, which Arteriosclerotic Cardiovascular disease gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION Prostate Carcinoma with Metastasis 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIT 21h TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL or Mem (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) marked NOT WHILE 220 I certify that (this haspital) attended the deceased from AUDUST. to August 27 sow the deceased alive on August 27 above, M (we) (did) (and we was body after death and that in (aur) opinion death occurred on the date and hour and from the causes stated 21 Hem DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIANX IAN'S NAME THE CHEMIN 22e ADDRESS MPORT Ja t 9000 Franklin Square Drive 21237 shoul with Jerod Scott 23d LOCATION 230 BURIAL, CREMATION, REMOVAL TIN DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Gardens of Faith Cem. Baltimore Co., Maryland DHMH - 16 60M 7/84 Old Eastern Ave AUG (VRA 15, 4)

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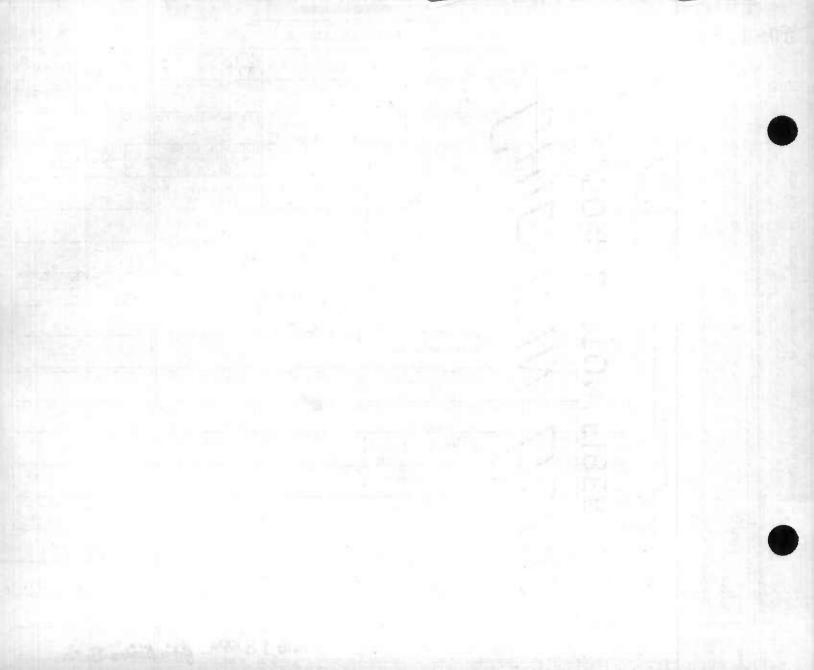
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		UNERAL DIRECTOR		25e. DA	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		John C. Miller	Inc-6415 Belai	r Rd21206	6 15 1986 Freis Se	viden Abodes .
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212		sow the deceor	ed olive on 🖎 did) (did not) v	new the body	ofter deoth.	D	nd that in (my) (our) opinion	deoth occurred on the do	ote and hour and	from the couses	stated
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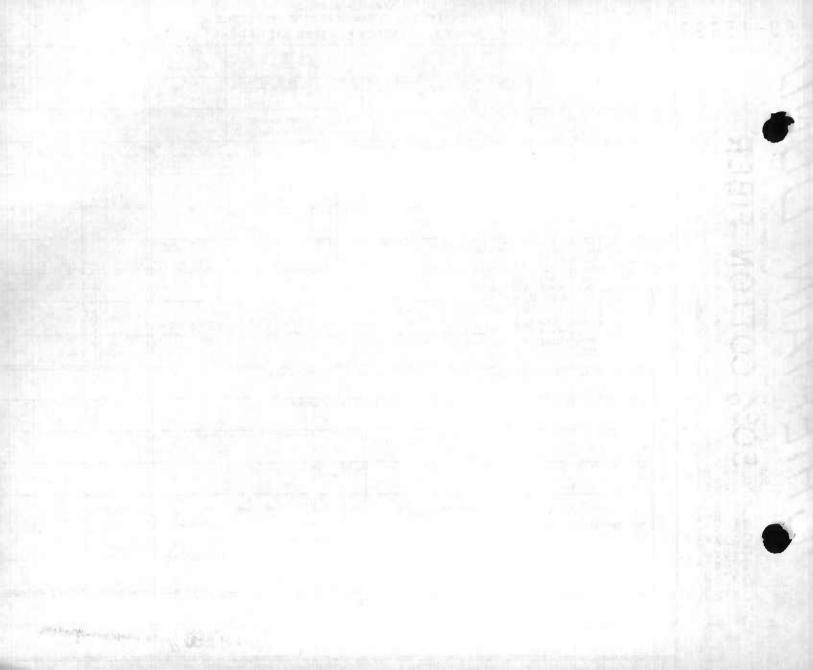
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4 may tor. pog offer de	3.	SEX F	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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m 5 0	1 1/2	Charles WAS DECEASED EVER IN U.S. AR	O.L. Grinath		Elizabeth Hauser
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N S S S S S S S S S S S S S S S S S S S		22a.1 certify that (1) (this hosp	ital) attended the deceased from_	. 19	, to, that (I) (we) lost
ATTE SECTO defer defer defer defer		saw the deceased alive an abave, (I) (we) (did) (did no 22h SIGNATURE	ot) view the body after death		death occurred on the date and hour and from the causes stated
ff AL DR FAL DR FAL DR FAL DR FAL DR		nativided	N. de lem		MEDICAL STAFF DIRECTOR PHYSICIAN 2 8/8/86
O HOSP rouned to thould be MPORTA	/	NATIVIDAD	D- DE LEON	OU ST. JUSE	EPH HOSP. TUWSON, MD. 21201
	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITYORTOWN COUNTY STATE
BP	24	Burial FUNERAL DIRECTOR	8-12-1986 St		Cdm. Perry Hall Balto. Md. TE REGD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)			BelairRd.Kingsv	ille,Md.21087 AU6	3 1960 And Section 19

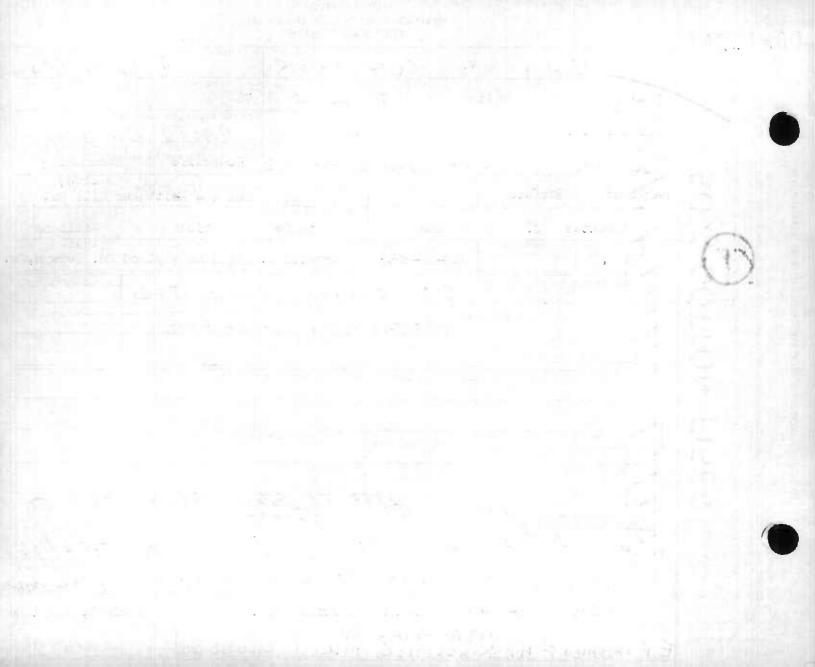


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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, M		(TYPE OR PR	INT)	Cha	arle	S P.	Koke	s, M.	D.	AD	DRESS_	111 I	Penn	St.,	Balt	0.,	MD	2	1201	450
	DX4548	23e.B	URIAL, CREMA	ATION, RE	MOVAL 2	3b. DAT	Ė	23	c. NAME O	FCEMETE	RY OR C	REMATO	ORY	23d LC	OCATION				UTV		
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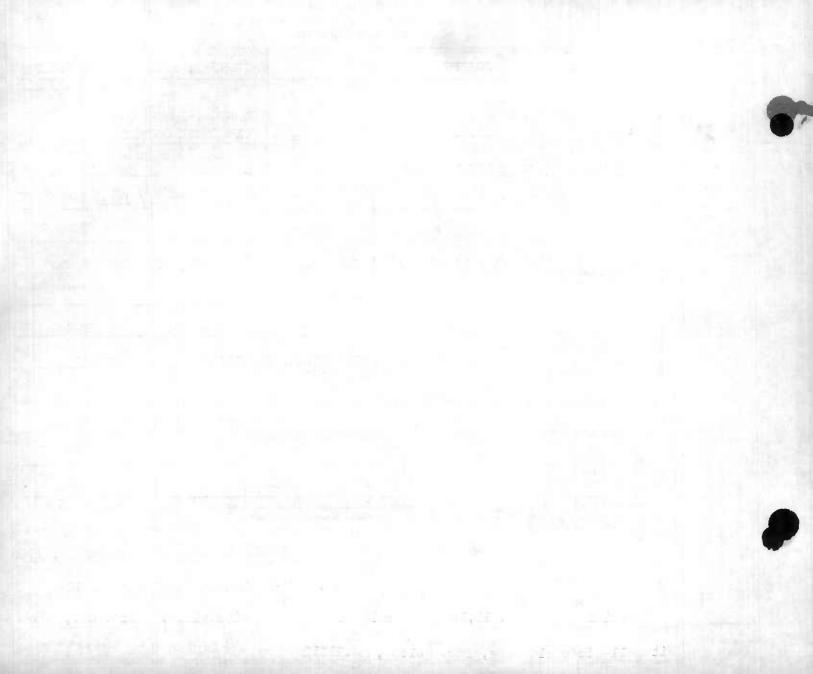
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 0	10	, 7	3 0
1		EASED NAME	FIRST	^	AIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
1	(ITPE	OR PRINT)	MES	J	OSEPH	0'0	ONNOR	AUGUST 8,	1986		9:23P M
1	3 SEX	(4. F	RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY) IF	UNDER ! YEAR	IF UNDER 24 HRS
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V		PTHPLACE (STATE OR F	OREIGN 76		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY BALTIMOR	_		MD.
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9) FA	JOHN	MIDE	DIE	O' CONNOI	R	CHRISTINA	WIDDIE WIDDIE		LAST	
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	14	YES, NO OR UNKNOWN)	W.T	J. II	091 09 9	9912	CLINICAL REC	ORDS, VAMC	, FORT	HOWARD	, MD
		18 CAUSE OF DEAT PART 1. DEATH W Conditions, if any, gave rise to imm couse (o), stafin underlying cause	which nediate	DUE TO, OI DUE TO, OI DUE TO, OI	ARDIORES) R AS A CONSEQU NEUMONIA R AS A CONSEQU	PIRATO ENCE OF	ORY ARREST CTIVE PULMONAR	V DICEACE		1 WE	
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	CERTIFICATION	190 DATE OF OPERA	TION				N WAS PERFORMED	200 AUTOPSY?	20b IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED OF DEATH?
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		776 SIGNATURE	cià	Las	e m	0		MEDICAL ST.	AFF ICIAN 📉	AUGUS'	F 9, 1986
		MARCIA	KANE,	M.D.			V.A.M.C. FOR		MARYLAN	D 210	52
		URIAL, CREMATION,	_	3b DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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	100	INERAL DIRECTOR NAME tchell-Wi	odofold	Heme			OLIC ICC.	REC'D. BY REGISTRA	R 25b. REGISTRA	AR'S SIGNATI	JRE CONTRACTOR
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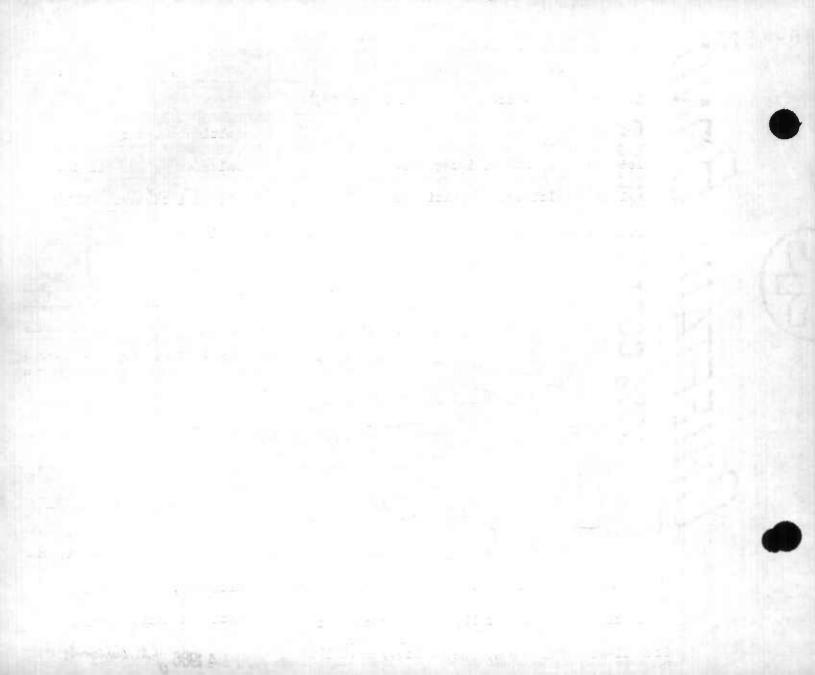
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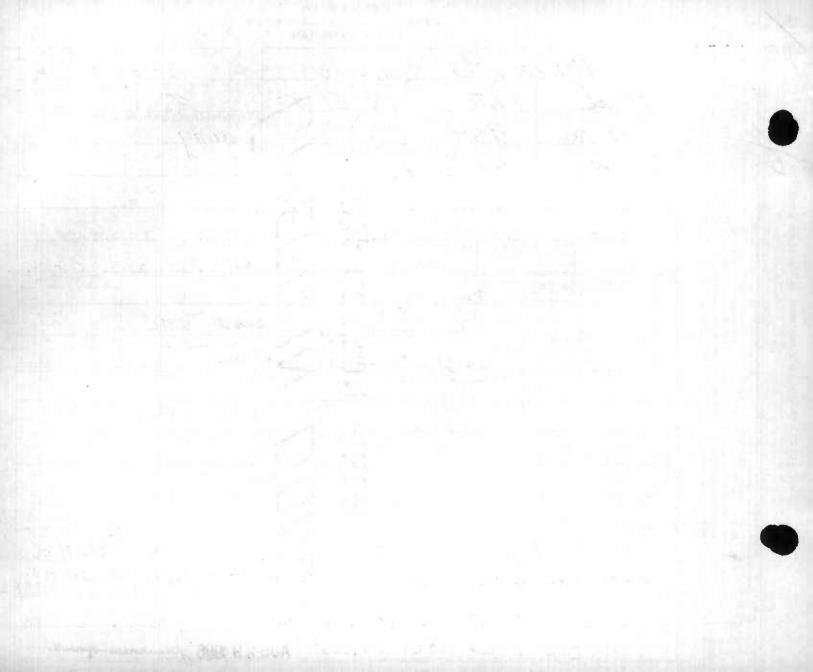


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL (TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	eromed by me nospiral or arenamy physician.	10 FUNEKAL DIRECTOR. After this certificate has been signed by the attending physical and remaining the first place of page 3 should be detacked for use as the buriol-transit permit. Then please remove carbon papers. Place the detacked for use as the buriol-transit permit. Then please remove carbon papers.	with the State Dept- of Health and Mental Hygiene prior ta burial, cremation, ar remayal	IMPORTANT: If them 21 is marked or Item 18 strong any injury, or other troumatic event, the nearest remaining matrix of contractions and the second s

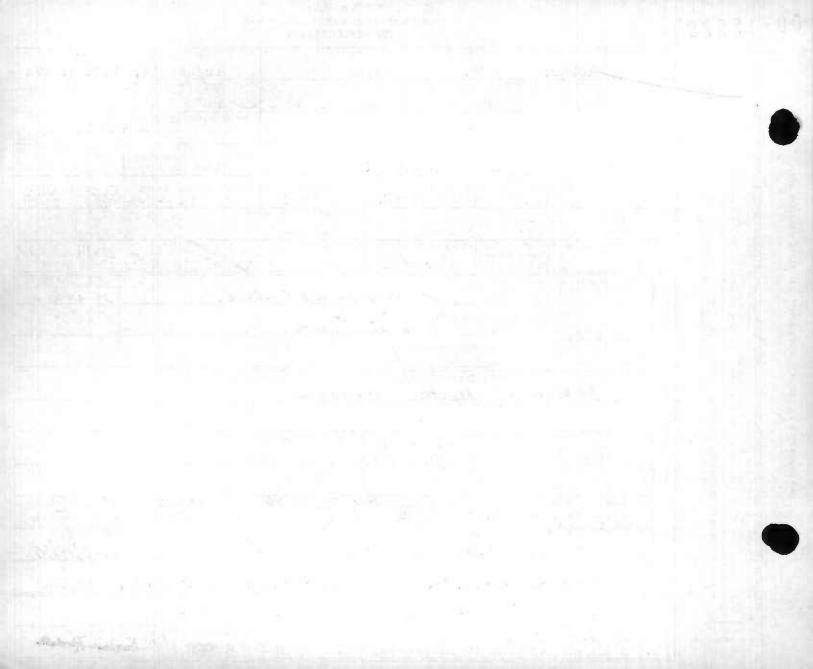
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24 hour	13a :	AL RESIDENCE IN NURSING HOME OR STATE Maryland Balt	other institution ity	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 327 Regreter Ave. 21212				
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spital or STOR: A for use of Healt	i	sow the deceased alive an above, (1) (**) (did no	ol) ottended the	e deceased from 19	1	nd that in (my) (a prinion	death occurred on the date		n, that (I) (ee) last he causes stated		
At the horal DIRECTOR AL DIRECTOR OF Dept of Tr. If Item		276 SIGNATURE	of the		g).	ATTENDING PHYSICIAN	MEDICAL STAFF		TE SIGNED - 11 - 86		
TO HOSPITA retained by TO FUNERA should be de with the Stat		John G. L		M.D.		7402 York Rd	. Baltimore,	Md. 2121	.2		
BP		BURIAL, CREMATION, REMOVAL (Cremation	23b DATE August	11,1986		emetery or crematory	Baltimore	City, Mary	land		
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR .tche11-Wiedefe1	d Home,	Inc. Bal	6500 to.,	TOLK KU.	E REC'D. BY REGISTRAR 25	B REGISTRAR'S SIGNA	ATURE		



/					STAT	E OF MARYLAND			
5		1.	FOR STATE REGISTRAR	Di		EALTH AND MENTAL HY	GIENE 8 6	219	5 8
00-	-16712		CEASED NAME A FIRST	WIDDLE	1, 1	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR 4
2	death((TYPE	ORPRINT) Roh	ecca, S	Palant	cina		8-27-86	5:12 M
2	de de	3.5E		14 RACE	S DATE C	S 4 / 1 12	6 AGE (IN YEARS LAST BIR	V	IF UNDER 24 HRS
4	offe.		Famil	11/1/2	HINOM	DAY, YEAR		MONTHS DAYS	HOURS MIN.
	2	, A	+ enale	anne	05	2148	3	IND	
	XX 25	78. 0	HTHPLACE (MALL FOREIGN	76. CITIZEN OF WHAT COL	MARRIE	NEVER MARRIED	BALTIMORE CITY C	OR COUNTY OF DEATH	
	1700		N. Va.	4517	WIDOWE		County		MD.
-	11/1/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIND O DE WORKING LIFE) INDUSTRY	OF BUSINESS OR
50		1	10WSON	57.10	senh		Waitres		
21.2	E a pag	USU 130	AL RESIDENCE (IF NURSING HOME STATE 113b. CO		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIR CODE	
NO S	100				ville	YES NO 7 *	8502 Ram		236
YLA	Sh Sh	14. F/	THER'S NAME			15. MOTHER'S MAIDEN N	AME		230
AAR			Charles		ale Sr.	FIRST	MIDDLE	Concebou	or la
E, A	8 - 18		VAS DECEASED EVER IN U.S. /		AL SECURITY NO.	Geneva 17 INFORMANT	ADDRE	Sensabau	gn
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E 4	Prs. P	-	no			Charles R	agle Sr. R	t7Baox390A	
BA	hysic anapa anal		18, CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a)	" J. 1	-0		BETWEEN	IMATE INTERVAL ONSET AND DEATH
ST.	g b sang		IMMEDI	IATE CAUSE (0) Reson	rapy of	artine			
NO S	cark o or			DUE TO, OR AS A COL	NSEQUENCE OF	H	1 +	-	
EST	ave	18	Conditions, if any, which	(16) aden	o co cin on	us y Un	weed w	ac	
F	the remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A COI	NSEQUENCE OF	nulmmny	brain	1	
× 1	by ol, cr		underlying couse lost	1 10 sold	+ tim	I met as	tases		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	an pled		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 11	0,
RDS	The The injury	CERTIFICATION							
0	prid be	CAT	198 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, WERE FINDIN	NGS USED
I R	hos hos	I E					YEST NOT	IN CERTIFYING CAUSES	NO T
ATI/	ronsit Hygin	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		
J. J.			OR CONTRIBUTING CAUSE OF D						
NO NO	2 0 5 0 5	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATED	P.M. 21e PLACE OF INJURY	19	211. LOCATION			
ISIO HA	this this he build Mind M	MEC	WHILE [] NOT WHILE []	AT HOME STREET, FACTORY		STREET	CITY OR TO	OWN COUNTY	STATE
VIO CA	After the eas the alth and		AT WORK AT WORK						
Z	USE USE			ispital) attended the deceased		. 19	, to		that (I) (we) last
	Spit CTC of of		sow the deceased alive above, (1) (we) (did) (did	not view the body after death	19, or	id that in (my) (our) apinio	n death occurred on the d	ate and hour and from the	couses stated
	DIRECTOR DEPT.		226 SIGNATURE	1 1 1		DEGREE		22c. DATE	SIGNED
			natural 4	1 Dide t	ion, m	D ATTENDING	MEDICAL STA	SIAN X 8/2	-7/86.
TIGS	FUNERAL UIG be detailed by the State ORTANT:		224 PHYSICIAN'S NAME (TYP	PE OR PRINT)		22e ADDRESS			1 54 1)
I SCH			NATIVIDAD	D. DE LE	ON	10/0 ST. JO	SEPH HOSPI	TAL, TOWSO	N MD.
5	sho To	23a F	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF C	L EMETERY OR CREMATORY	123d LOCATION	1	
	BP		Burial				CITY OR TOWN	COUNTY	STATE
	Dr	24 FI	JNERAL DIRECTOR	8/30/86	IParkwo	od Cemeter	TEREC'D BY REGISTRAD	Balto. Ma	ryland
DH	HMH - 16 60M 7/B4		onnelly Fune	awal mana 20	DDRESS				
	(VRA 15, 4)	C	onnerry Fune	eral home 30	UMaceAV	e.ZIZZI AL	D Z S INNI S	me wandow you	Professor.



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				CEASED NAME	FIRST		WIDDFE		AST		2a DATE OF	DEATH MO	ONTH DA	AY YEAR	2b. HOUR
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no)	80	1+	3,544			4. RACE		5 DATE C			6. AGE (IN YE	ARS LAST BIRTHD	AY) II	UNDER I YEAR	IF UNDER 24 HRS
oge 4	010	6		Male		White		J	an. 1,	1932	54		YRS		MIN.
eoth. Po	nerol di	33	Per BI	RTHPLACE (STATE OR FOUNTRY) Maryland	OREIGN	O CITIZEN OF		TRY? 8. MARRIE WIDOWE	D NEVER M	AARRIED	9 BALTIMOR	E CITY OR C	altimo	re Co	ounty
ofter o	A STATE	4×		TY OR TOWN OF DEA	TH	(IF NOT IN SU	CH FACILITY, GIVE	JRSING HOME (STREET ADDRESS) S HOSPI		ITUTION	TYPE OF WORK	FOR MOST OF W		126 KIND C INDUSTRY	Law
120	5 9	- 8	USU	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	O GIVE RESIDENCE	BEFORE ADMISSIONI	Lai			rney	•		
24 hg	filled Sold b	75		AL RESIDENCE (IF NURS) TATE Md.	Balto	TY).	Cock	eysville	13d. INSIDE CI YES []	NO X	13e.STREET A	DDRESS / Z Wicke	rshar	Cocke Way	eysville 21030
YL a	dely 2 sp	1607	14. F.A	THER'S NAME		- IDDIE	- 145		15 MOTHER'S	MAIDEN NA	ME	WIDDLE			
MAN P	and a	えおく		Walter		D'DLE	Payne		Ka	thryn	٨	A.		Con	nor
HE.	87	10		AS DECEASED EVER			16b. SOCIAL	SECURITY NO.	17 INFORMAL	NT			Cock	eysvil	
OW S	1 6 8	8		es, no or unknown)	Kore	war or dates)	216-3	28-8005	Mrs.	lean	Payne	218	Wicke	rsham	Way
ACT.	31	4		18 CAUSE OF DEATI						Journ	i dyne,	2.0			IMATE INTERVAL ONSET AND DEATH
m 03	phys pod	1		PART I. DEATH W	AS CAUSED	BY.	, mic (a. (o), (i	CAAA	lizaou	in d	Rack				24 his.
N S	90	4			IMMEDIAII	E CAUSE (a)	- V		J		The state of the s			1	, , ,
otto month	00 8	100		Conditions, if any,	s albi alb	DUE TO, C	OR AS A CONS	EQUENCE OF		H.					<i>?</i>
W. PRE	by the or	other tro		gove rise to imm cause (a), stating underlying cause	nediote g the	DUE TO, O	OR AS A CONS	EQUENCE OF	10	mig-					
5. 20	ald sel	ury, or	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING	•			INAL DISE ASE	OR CONDIT	TION GIVE	N IN PART 1	a
080	11	0 0	NOL	Ku	physe	una dono	Kepat	HICH OPERATIO	mas		20a AUTO	neva II	AL IF YES	VAVEDE EINIDII	NOC USER
SEC.	46	3 8 1	100	140 DATE OF OPERAT	10N 4	148 GOND	DITION FOR W	HICH OPERATIO	N WAS PERFO	KWED			NCERTIFY		OF DEATH?
A M	9 7 1	14/	CERT	ACCIDENT WAS UNIT	enivirio (T	214 TIME (OF INJURY		Tal. Howell	HIDY OCCUP		NO	YES		NO 🗆
N N	fice to	190	Ö	210. ACCIDENT WAS UND		110110 1		DAY YEAR	ZICHOW IN.	JURY OCCUR	RED (ENTERNAT	URE OF INJURY IF	NITEM IS PAI	RT 1 OR PART 21	
0 2	8 95	1/	2	(IF EITHER NOTIFY MEDIC			P.M.	19		***					
S H	B 4 4	9 0	MED	21d INJURY OCCURE			OF INJURY	FFICE, FARM, ETC.)	21f LOCATIO	N		CITY OR TOWN		COUNTY	STATE
NO DIV	5 46	o Le		WHILE NOT WH	K L							1			
2	0 8	II II		226.1 certify that	,	01		- A	7	, 19_810	, to	Aug !	7	9 86	that (1) (we) last
	the Contract	5 6		saw the lecease above (1) we) (a	id) did not	view the body	y after death.	19_392, 0	nd (hat in (my))	(aur) apinion	death accurred	on the date	and have		
() č	a Hotel	The Copy		226. SIGNATURE)	1	0		DEGREE	TTENDING _	MEDICAL	STAFF		22c. DATE	SIGNED
T E	RAL det	ž -		V	Huce	/ 4	lasen	acea/1	4()	PHYSICIAN [DIRECTOR [PHYSICIA	N	100	114/86.
950	D AND	ORTA /	100	22d PHYSICIAN'S NA				_ /	ADDRESS						
Y	Hotel Hotel	8/			-77	osenbe	rg, M.				Road I		ville	, Mar	yland
2	BD.	. 2	23a 8	WRIAL, CREMATION	REMOVAL	8/16	/86	New Ca			23d. LOCA	altimor	re	COUNTY	Md. STATE
.3	W		24 FU	JNBRAY DIRECTOR	1/1/5	1000					E REC'D. BY RE				
DH	MH - 16 60 (VRA 15,			. E. Lowe	II Ler	nmon,	10 W.	Padonia	Rd.	411	6 15 1	986		vidour	fandalle .



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG.	NO.

٧.		REGISTRAR		CERTII	ICAIL OF DEATH	REG. N	0.		
		CEASED NAME FIRST	bort	MIDDLE	AST DO 6	20. DATE OF DEATH	MONTH DAY	YEAR DO	26 HOUR
		KO	Del I	~ ugene /	2(1)	08	1111	14	NH CC C
	1.5E)	male.	4 RACE	te s. DATE C		6. AGE (IN YEARS LAST BIR	Z YRS	INS DAYS	HOURS MIN.
s.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	W) D	9 BALTIMORE CITY O	777.07	DEATH	
		TUD	us	A MARRIE WIDOWS	D NEVER MARRIED DIVORCED	Count	/ Bal	timore	County
90	INC	Y OR TOWN OF DEATH		HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OF	F BUSINESS OR
X		swson /	0	+ Joseph's	Hospital	Teach		Fduca	ation
0	130. 5	AL RESIDENCE (IF NURSING HOME TATE 136 CO	UNTY	13c. CITY OR TOWN		13e STREET ADDRESS		/ 07 /	
0	I. Utilities	T MAN THE STATE OF	ford	Fallston	YES NOXX	1002 Strom	ko Driv	e/ 210)4/
	III. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE		t ASI	
(L	V	Guyer	Hughes	Penn	Janie		toria	Mo	oxley
		VAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
Z	- to		tnam	214-36-8238	Barbara O. Pe	enn 1002 St	ranko D	rive /	/ 21047
		8 CAUSE OF DEATH (Enter		line lar (o), (b), and (c),)				BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAU IMMED		RESPIRATORY	FAILURE			APPR	ox I wk
			DUE TO O	R AS A CONSEQUENCE OF					
		Canditians, if any, which		LARGE CELLLY.	MANONA POSS	BLE SUPER	IMP, IN	- AA	PREX / WH
		gove rise to immediate cause (a), stating the		R AS A CONSEQUENCE OF	FECT	ION/PULM.	THROMA	DAM'A	ac.
		underlying couse last.	DUE 10, 0	LANGE CELL					MONTH
		DADE O CHUSD CICALISICAN	(c)						
	NO	PART 2 OTHER SIGNIFICAN	I CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
1	FICAT	190 DATE OF OPERATION	19b COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	IGS USED OF DEATH? NO
1	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	DEATH	F INJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PART	OR PART ?)	
	010	21d INJURY OCCURRED	21e PLACE		211 LOCATION				

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) your) opinian death occurred an the date and haur and from the causes stated

22c. DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

W. EAGAN, Ja mb.

DEPT OF PATH

230. BURIAL, CREMATION, REMOVAL Cremation

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

(VRA 15, 4)

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84

ORTANT. II

August 20, 1986 Green Mount Crematory Baltimore,

256. DATE REC'D. BY REGISTRAR 256 RE 2135 Dundalk Avenue Walter Brooks Bradley, Inc.

23b. DATE

THE GOLD MADE TO RESTRICT THE PARTY. SELECT A STATE OF THE SELECTION OF THE S Acres and a series of the seri 12 masm 2/8/12 MARKET TO WITH IN THE REAL PROPERTY OF THE PARTY OF THE P FOR

6358

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG. 25

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST		MIDDLE	-	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
TITE	RICH	ARD	V	/. PE	NTE	COST	August	23, 1	986	1:10
3 SE	х		4 RACE	N	5. DATE (DAR VEAD	6. AGE (IN YEARS LAST	BIRTHDAY}	MONIHS DAYS	IF UNDER 24 HRS
	Male		Whit	e	Apr.	29, 1911	75	YRS.	I DATE	MIN.
	RTHPLACE (STATE OF FO	OREIGN	6 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	Mass.		L	ISA	WIDOWE	3.4	Baltimo	re Co	unty	MD
10 C	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126. KIND O	F BUSINESS OR
	Luthervil	le	Colleg	ge Manor	Nur	sing Home	Mgf. Re			Cond.
. USU,	ALRESIDENCE (IF NURSI	136 COUN Balt	TY	Ruxton	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1603 Rux	zip cop	t., 212	204
14. FA	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	1
	Ernest	OH.		Pentecos	st	Marion	Mode	Pei	rce -	
	VAS DECEASED EVER	HE YES GIVE	WAP OR DATEST			17 INFORMANT	ADD	RESS		
	Yes	1942	-46	010 07 5	5253	John Pente	cost,	- 1	ND	
Z	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	nediate g the lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	EROTIC F	FATUR	E		o
CERTIFICATION	19a DATE OF OPERAT	ЮИ	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDIN	
WEDICAL CERT	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	P.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE				110
MED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE		REET, FACTORY, OFFICE, F		ZII LOCATION STREET	CITY OR		COUNTY	STATE
	220. I certify that (1) saw the decease above (1) live) (d 22b. SIGNATORE 22d. HYS/CIAN'S NA	d alive as id did not	Nesol	19	SEPT BL.	19 de that in (m) (aur) apinion de DEGREE ATTENDING PHYSICIAN (122e ADDRESS	death accurred on the	dote and ha	ur and from the	that (1) we) lost couses stated SIGNED 25/86
	Dr. John	A. 1	Vesbitt	, MD		Union Mem	orial Hos	pital,	Balto.	, MD
	SURIAL, CREMATION, I SPECIFYI Crematio		23b. DATE 8/25/		_	Mount	23d LOCATION CHYOR LOWN Balto	• ,	COUNTY	D STATE

24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co.

4905 York Road

Balto., MD

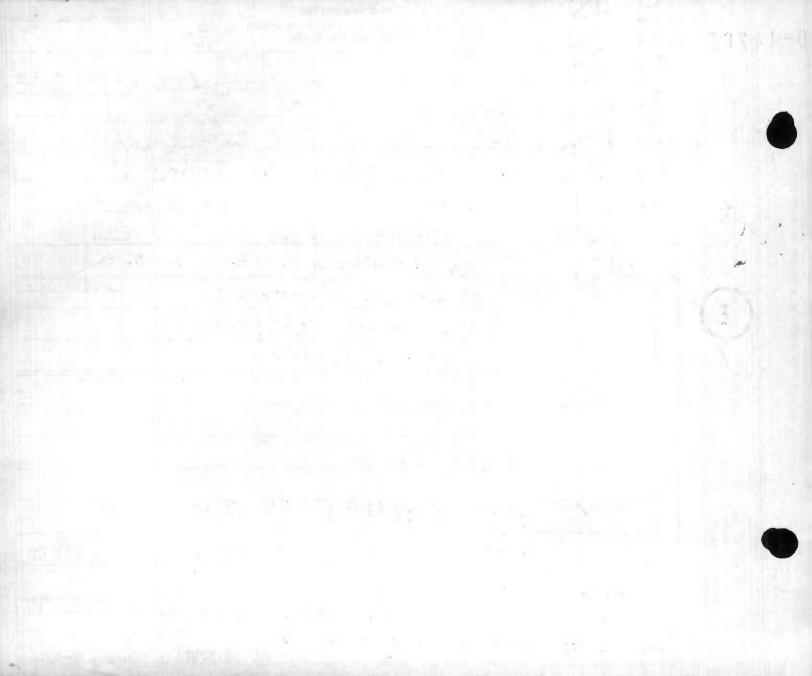
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DHMH - 16 60M 7/84 (VRA 15, 4)

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UULE, 1 E 11 White 76. 25, 1-11 TELLYS III v ruco county untivity coles and him Hore Mr. Feb. i Con. Mg Bilto. Russan x 1500 Russan Ct., 81804 ecosieunis rina se de la consistante del consistante de la consist THE - COLORS John Sansons, NO SHARL THE THE STATE OF THE SECRET Shires Trees Strates was er. John J. Re Litte for Union Moreonial Hospital, Balto. p. Mu Hanny M. Janina & sen Co.

	1				STATI	OF MARYLAND	- 14 1	0 1	- 3	6 9		
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0001	1 05	REGISTRAR FASED NAME FIRST		ANIDDI F		AST	20 DATE OF DE	REG. NO.	DAY YEAR	26 HOUR		
m £		OR PRINT)		MIDDLE					JAT TEAR			
page 3 r deoth		Alberta P						3/86		10:582		
d. Le	3 SE	X	4. RACE 5. (5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS		
0	F€	emale	Cauc		3/2	3/24/04		YRS				
52 86		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
01		ilto.,Md.	USA	USA		WIDOWEDE DIVORCED		Baltimore County M				
001		TY OR TOWN OF DEATH	I I NAME OF HOSPITAL, NURSING HOA			R OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS O					
70	Ba	ilto.				nv. Center	House		1) I INDUSTRI	_		
1 301	LISU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
3 変り	Mo		UNIT	Balto		13d INSIDE CITY LIMITS?	4247	Sheldon	Ave.	21206		
1		ATHER'S NAME		Darco		15. MOTHER'S MAIDEN NA		D1101 0011	21101			
2 /1//	TATE	lliam Krieg	MIDDLE	LAST		Jennie Co	ster "	DDIE	Į,/	AST		
2		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	2 CET	ADDRESS				
60 00	1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			Alberta P	foe f	(34)				
papers. F	No	18 CAUSE OF DEATH (Enter		· · · · · · · · · · · · · · · · · · ·		Alberta	refrer,	(dtr)		AUULESS EXIMATE INTERVAL N ONSET AND DEATH		
t. Then pleasing to the principle of the	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Lene dements ; Value of fulls										
Dws or	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	(DPERATIO	N WAS PER ORMED	20a AUTOPS	20b. IF YES IN CERTIF YES		NO [
rial-transit ental Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 1	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITEM 18 P	ART I OR PART 2)			
Mental Amental	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMIN	NER) P	.м.	19							
41. 75	4ED	21d. INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE		
ith and	~	AT WORK NOT WHILE										
leoli s mo		220.1 certify that (I) (this has	Co		()	tel -19 }	1, 10 8	- 23	19	that (i) (we) los		
21		sow the deceased alive obove, (1) (we) (did		22 19	86, or	d that in (my) (and opinion	death occurred a	the date and hour	r and from the	e causes stated		
Dept. of		226. SIGNATURE	^ -	1/ 1		DEGREE	1		22c DAT	E SIGNED		
		Marian (1- Tourseleule MD ATTENDING MEDICAL STAFF 8-25 86										
AN AN	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
should be det		Marion Kow	alewski			8604 Harf	ord Rd.					
% ₹ ₹	23a (BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO					
	1	Burial	8/27	/86 Oa	akLaw	n Cemetery	Ba	lto.,Md	COUNTY	STATE		
6 60M 7/84	24. FI	NSCHIMUnek I	Funeral			25a. DA	TE REC'D. BY REG	STRAR 251 REGIST	RAR'S SIGNA	TURE		
A 15, 4)		3331 Brehm	s Lane.	Balto.	Md.	21213 AU	626 19	38 Austian D	huidan	The same of		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

Md.

24. FUNERAL DIRECTOR

B. Dabrowski & Son 2818 E. Baltimore St

DHMH - 16 60M 7/84

(VRA 15, 4)

White is the second of the second To Francis S. H. C. C. STATE OF THE STATE AND PROPERTY A STANLEY OF THE STANLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEF		EALTH AND MENTAL HY	0 0	G. NO.		ý	6		
	(TYPE	OR PRINT)	rtha	7	AIDDLE	Pion:	Hawski'	In DATE OF DEA	182	DAT	TEAR	26. HOL	10 X	
	3. SEX	Female		White 5. DATE O			DAY YEAR	& AGE/INTEREST	YE	WOH! THE	DATE	HOURS.	MIN	
7	76 BIRTHPLACE STATE OR FOREIGN 7 COUNTRY) Poland			7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI			NEVER MARRIED DINORCED DINORCE			Baltimore MD				
3	Bulti (IFNOZINSUCHFA)					STREET ADDRESS)	PROTHER INSTITUTION	126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Homemaker						
1	13n. S	UAL RESIDENCE IN NURSING MOME OR OTHER INSTITUTE THE STATE TO THE STATE TO THE STATE T			13c. CITY O	TOWN imore	134 PASIDE CITY LIMITS?	YES 10 NO D 5403 Biddis						
1	14. FA	14. FATHER'S NAME FIRST MIDDLE Jacob				owski	15. MOTHER'S MAIDEN NA	Not Known						
2	160, WAS DECEASED EVER IN U.S. ARMED FORC 1 YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DA					SECURITY NO. 0-8150D	Genevieve P. Selway 5636 Anthony Ave						21206	
	2	Canditions, if any, gave rise to imme cause (a), stating underlying cause	the lost.	DUE TO, OF	AS A CON	SEQUENCE OF	Bruch NOT RELATED TO THE TERM	winal disease or (CONDITION	GIVEN IN	PART III	a		
7	CERTIFICATION	19a date of operation 19b cond		TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY! YES NO YES			WERE FINDINGS USED ING CAUSES OF DEATH?				
7		216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)			MONTH DAY YEAR 216 HOW INJURY OCCUR			RRED (ENTER NATURE O	F INJURY IN ITEM	IB PART I OR	PART 2)			
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e PLACE C	OF INJURY REET, FACTORY, OFFICE, FARM, ETC. J		211. LOCATION STREET	CITY OR TOWN		CO	UNTY	4	STATE	
		270. Lecrtify that (1) (this hospital) attended the deceased fram												
		224 HYSICIAN'S NAME (TYPE OR PR			i fl).	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN			271. DATE SIGNED 8/17/86			
		ROBFERT URIAL, CREMATION, RI SPECIFY)	EMOVAL	23b. DATE	iusa	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION						

DHMH - 16 60M 7/84

(VRA 15, 4)

TO HOSPITAL

BP.

Burial Aug 20 1986 24. FUNERAL DIRECTOR

Parkwood Cemetery

Baltimore

Maryland

Baltimore, Maryland Lecard J. Ruck, Inc.

BY REGISTRAR 251 REGISTRAR'S SIGNATURE

Calcherry a Calching Aye. 21206 Late L C. 45 named familiares

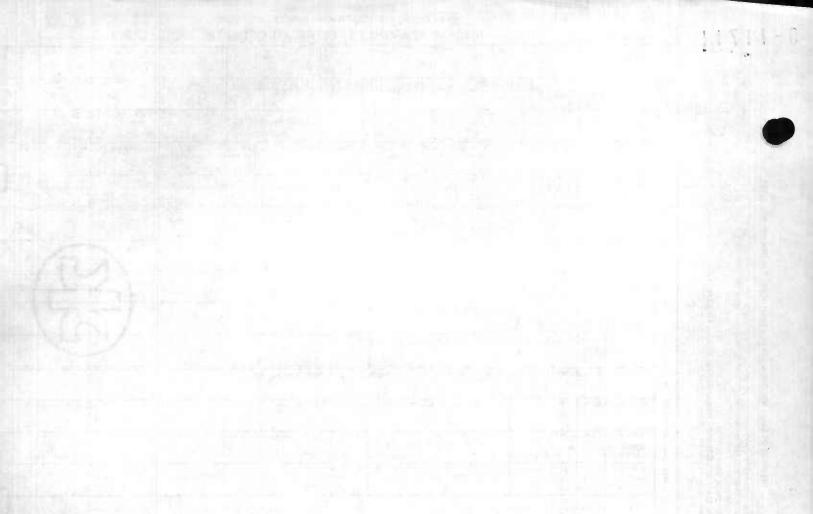
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2	E-3956V	FIRST		MIDDLE	LAST	IS. MOTHER	S MAIDEN NAME	MIDDLE		LAST				
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N.	PAG BAG	no		113	219-60-719	94 Robert	W. Pirr	era 115 Da	y Coac	h Cr.				
- 2	28×FQ	18 CAUSE C	F DEATH (Enter on	ly one couse per line (far (a), (b), and (c).)					APPROXIMATE BETWEEN ONSE				
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ORC	WAT BOOK	100		cyclidine (PCP) Intoxication										
9	THE ASSET THE AS	P 10- DAYE OF	Phen	cyclidin	e (PCP) I	ntoxicati	on							
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NO	SE SON S	UNDERLYING CONTRIBUTI	NG CAUSE OF		7/ 5/19 86	subject	drowned							
VIS.	PREPARE	21d INJURY		21e PLACE O	FINJURY (ATHOME.	211 LOCATION								
ā	IN THIS CERTIFICATE SHE WORLD THE WORLD THE CONTROL THE CONTROL THE CONTROL THE PAGE STATE DEPARTMENTON. 3,2201 PROR TO BUT	WHILE AT WORK	NOT WHILE		DRY, FARM, ETC.]	STREET Don	na Davie	CITY OR TOWN	COUN		STATE			
	STANT				vater	Rocky Poi		Balto. Co	ounty,	Ma.				
	#259EE	27a. l certi	fy that I took charg	e of the remains desc	ribed obave, held on	Autopsy X, In	nspection,	Inquiry	nd in my opini	ion				
	多世界の主義	death result	ed fram: Natur	al causes .	Accident M. Suic	ide . Homicide	e Undete	rmined manner						
	A SEE GR	ACTUAL		X	VV	TITLE (SPE	CIFY)							
	4 H 5 4 4 4	SIGNATURE		/ \		M.D. Assis	stant_MEDI	CALEXAMINER	DATE SIGNED.	7/6/	86			
	MEDICAL CUTE THE X: 4 SHO FUNERAL ER DEATH JAMORE, H	EXAMINER'S	NAME											
		(TYPE OR PRI	NT) Gre	gory R. Ka	auffman, M.I	ADDRESS	111 P	enn St.						
	588568 -	230. BURIAL, CREMA	TION, REMOVAL 7	3b DATE	23c NAME OF CEM	ETERY OR CREMATORY	Y 23d LOC	CATION	COUNTY		ATE			
07/84	BP	Cremation	n	7-9-86	Green Mou	int Cem.		lto.	COUNTY		d.			
25M	DHMH - 17	24. FUNERAL DIREC		ADDRESS				REGISTRAR 256 REG	ISTRAR'S SIG	NATURE				
	(VR A15 ME (5))		Miller In		elair Rd. 2	1206	JUL 8	1988	in state will	المراداني المساولين	ميسال			



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED Franklin David Pittinger 19 86 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR SEX IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED Male White Aug. 2.1927 59 DEAD YRS 19 86 D M TE CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Maintanence Commercial Randallstown Baltimore County General Hospita UAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21055 201 30. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 9646 Reisterstown Rd. Garrison YES [NO IX 15. MOTHER'S MAIDEN NAME MA FATHER'S NAME Mabel Charles Alberta Younger Pittinger Henry 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 9646 Relaterstown Rd. (YES, NO OR UNKNOWN) 220-18-3418 Jean Hazlett Garrison, Maryland 21055 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Hypertrophic Cardiomyopathy IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 190 DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK AT WORK COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 X 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Natural causes X death resulted from Aceldent Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 8/5/86 SIGNATURE SIGNED EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. TYPE OR PRINT ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 7, 1986 Dulaney Valley Mem. Gardesn Cockeysville Balto. Aug. 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** Owings Mills. Md. (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 26 HOUR MONTH (TYPE OR PRINT) MARY K. PLATT 2:31A 25 86 4 RACE 1. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTH YEAR White Female 1904 Jan. **BALTIMORE CITY OR COUNTY OF DEATH** 76. BIRTHPLACE (STATE OF FOREIGN 16. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY MD USA WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GEMC-6701" N. CHARLES ST. TOWSON Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS / ZIP CODE 13801 York Rd. 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Cbckevsville NO [X 21030 MD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST John Kroat White Dora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 216 46 7007 Frank Waxman No Balto., APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY CARDIAL ARREST 45 mins. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSCIUNT OF THE CHANICAL DISSOCIATION 45 mins. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCES underlying couse lost CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE Elfs that (h (we) ast 220.1 certify that (1) the hospital) of 86 and that in (my) pinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION COUNTY Cremation 8/26/86 Green Mount Balto MD Henry W. Jenkins & Sons Co. DHMH - 16 60M 7/84 4905 York Road Balto., MD (VRA 15, 4) 21212

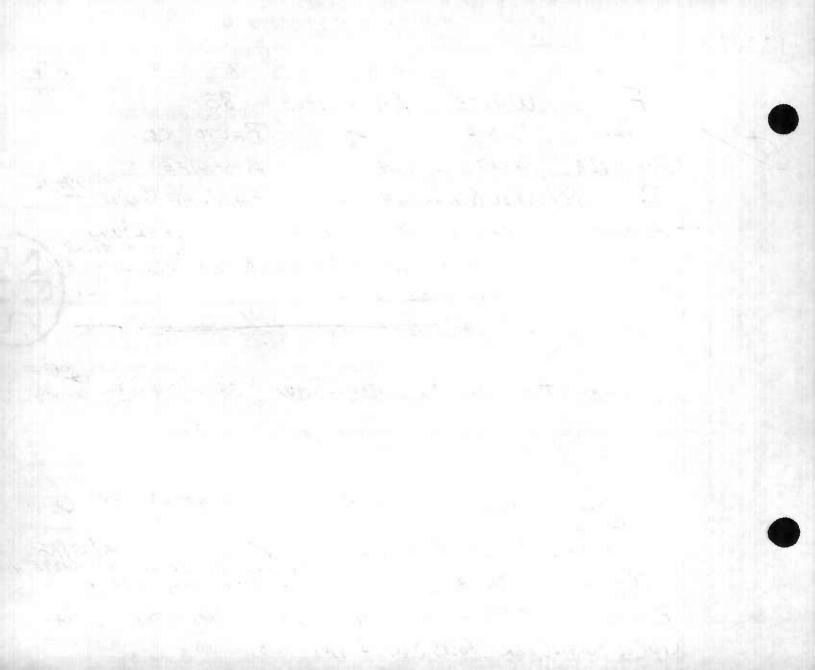
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28 DATE OF DEATH MONIH ANNA 3: SEX 4 RACE IF UNDER LYEAR DATS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN COUNTRY DIVORCED TOWN OF DEATH 126 KIND OF BUSINESS OR OUSEWIFE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAT DISEASE OR CONDITION GIVEN IN PART 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM, ETC.) COUNTY STATE NOT WHILE oune of 220.1 certify that (1) Ithis haspital) attended the deceased fram_ 19 9 9 , and that (n Imy) (aur) apinian death accurred an the date and hour and from the causes stated (did not) viewthe body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 23b. DATE - 16:60W 7/84 reduce their down of the AUG 2 8 1986 IVRA 15, 41



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noy be	(TYP	E OR PRINT) WA	Her	WIDDLE	RADE		20. DATE OF DEATH MONTH	54	3 SHA
Be 4 m	3. SE	NA1e	4 RAC	Uhite	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS	MONTHS DAYS	HOURS MIN.
neral dir	1	IRTHPLACE (STATE OR FORI		TIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOW!		1. BALTIMORE CITY OR COUNT		M
by the further de within		ON TOWN OF DEATH			NURSING HOME (HOSDL +H	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Machinist	126 KIND OF INDUSTRY Martir	BUSINESS OF
filled in	13a	AL RESIDENCE (IF NURSING STATE 13 Maryland	HOME OR OTHER BALTIM	13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS? YES NO.	13. STREET ADDRESS / ZIP COD 13 Chandelle Rd	E l. Balto.	.Md.212
ompletely of 2 sh) IALE.	ATHER'S NAME Adam	WIDDLE	F	lasi ladek	15. MOTHER'S MAIDENN Wilhelm:		Serow	
n ond co Poges 1		WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (U.S. ARMED F	20 DAYEE)	111 SECURITY NO. -01-6681	17 INFORMANT Elfriede Ra	ADDRESS adek 13 Chandelle	Rd. 21	1220
quires that the death signed by the attent hen please remove at to burial, cremation, njury, or ather trauma	NO		the lost	OUE TO, OR AS A CO	ONSEQUENCE OF	TROMBOEMB	ND EDEMA OCISMS MINAL DISEASE OR CONDITION GO OF THE GRAFTIA	VEN IN PART 1:0	
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TO HOSPITAL OR A PROFICE OF TO FUNERAL DIREC Should be detoched with the Store Deep MADORTANT: if hem			E (TIM DERINI)			22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8-2	3-45
TO HO retoine Should with the IMPOR	23a	BURIAL, CREMATION, RE	MOVAL 236	DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	_ STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

86 21974

100		REGISTRAR					ICATE OF DE	MIT	11						
1		LASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR			
-		Edwar	rd	Lee		Reck	ord, Jr		Aug	ust 2,	1986	3:56P M			
	1. SEX	(4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS		IF UNDER 1 YEA				
		Male	334	Wł	nite	Aug		1922	63 YRS.						
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d		Maryland		USA		WIDOWE		DRCED	Baltime	ore Con	untv	MD.			
	10 CI	TY OR TOWN OF DEATH	i	11. NAME OF	HOSPITAL, NURSIN	G HOME C			1ª USUAL OCC	UPATION	12b. KIND	OF BUSINESS OR			
7	1	Towson	284	Greater	Baltimo	re Me	dical Ce	nter	Genera	x1s Supi	Civi	Service			
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	23	Edward		MIDDLE	Recko	rd.S	Be	ulah	MI	DDLE	CC	ckey			
		AS DECEASED EVER IN			166 SOCIAL SECU		17 INFORMAN			ADDRESS		ckey			
	(4	ES, NO OR UNKNOWN) (1	IF YES, GIV	E WAR OR DATES)	214-24-	8464	Virgin	ia Rec	allord 1	O Tall	oott Arro	21093			
		18. CAUSE OF DEATH	Enter on	ly one couse per			7 1- 5 11	10 100	JEOL U. I	<u>U Lan</u>		DXIMATE INTERVAL N ONSET AND DEATH			
ì		PART I. DEATH WAS	CAUSE	D BY	Chronic (uctivo I	Pulmons	ru Dico	200	52.747	TONSE! AND DEATH			
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ł		Conditions, if any, w	hich	((b)	K AS A CONSEQUE	INCE OF									
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	CERTIFICATION		::31												
	CAT	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY		YES, WERE FIND				
	TIF								YES K) NO		YESX	NO [
	_	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURRI	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART 2)				
	CAL	(IF EITHER, NOTIFY MEDICAL				19									
	MEDICAL	214. INJURY OCCURRED		21e. PLACE (OF INJURY	RM ETC)	211 LOCATION	70.00	CIT	Y OR TOWN	COUNTY	STATE			
	*	AT WORK AT WORK							COLOR DE						
i	-	22a I certify that (1) (the						19_86		gust 2		, that (I) (we) last			
		sow the deceased a above, (I) (we) (did)	olive on, (did nat	Aligust view the body	ofter death.	5 0 on	nd that in (my) (a	ur) opinion d	leoth occurred on	the date and	hour and from th	e couses stated			
		17h Systynesyre -	7	11			DEGREE	ENDING	MEDICAL	CTAPE		E SIGNED			
		your 9	1	Jaca			PH	YSICIAN	MEDICAL DIRECTOR P	HYSICIAN	Augu	ust 3,1986			
		THE TO A 3	- ,	ALCOHOL:			22e ADDRESS	01 1							
		John E. Ad							es Stree	et, Tou	vson, Md	. 21204			
	23a B	IRIAL CREMATION DEA	LAVIONA	1225 DATE	122, N	AME OF C	EMETERY OR CO	CALATORY	1324 LOCATION	M					

BP.____

TO HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 4/83 (VRA 15, 4) Burial 8/6/86

234 NAME OF CEMETERY OR CREMATORY
Dulaney Valley Cem.

Timonium

Balto.

Md.

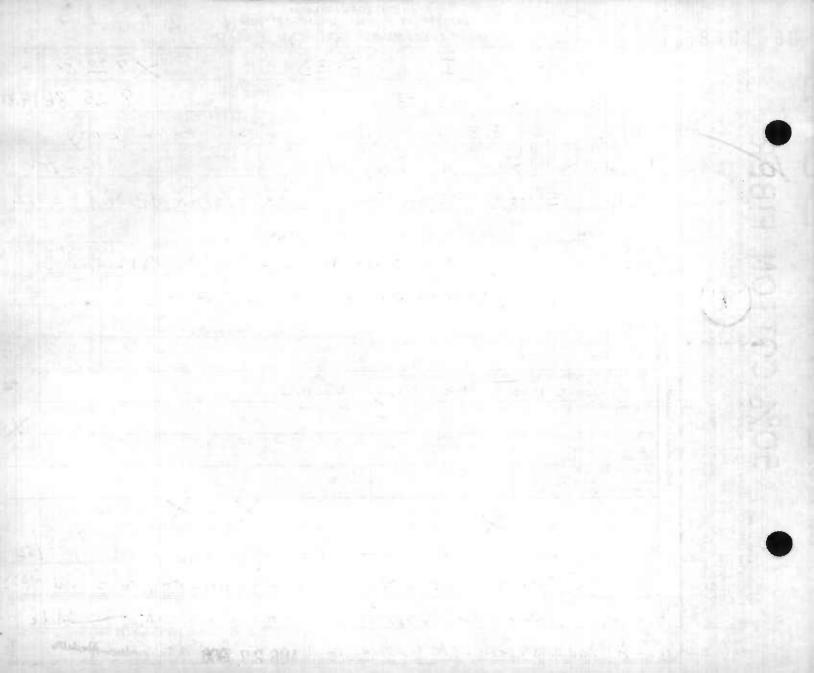
Martin D. Lawson, 10 W. Padonia Rd. 21093

AUG 5 1986

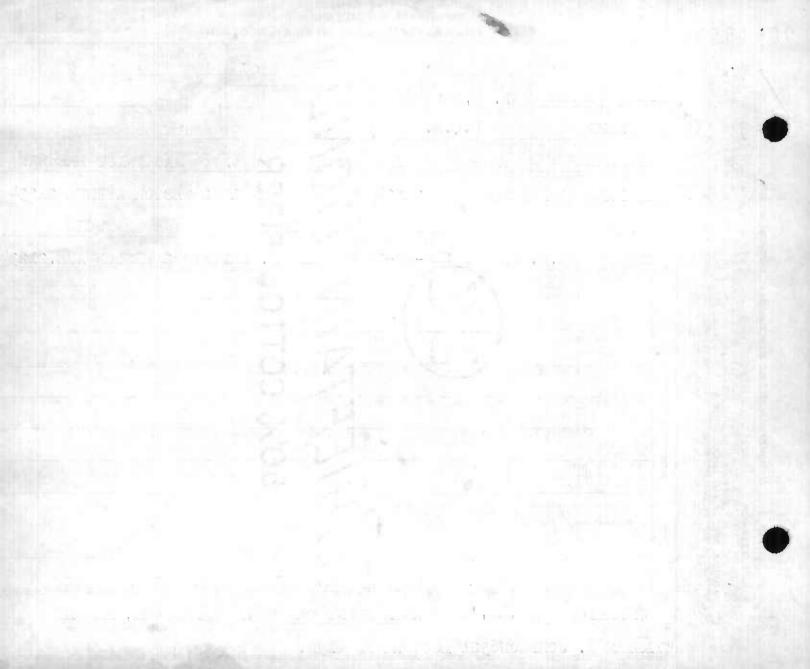
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₩ QW	SI.S.	14 FA	THER'S NAME FIRST		MIDDLE		LAST		15 MOTHER'S		NAME	MIDDLE		1	AST
ORE			UNI			1	TAL SECURITY	NO	17. INFORMAL	MK		ADDR		D. I.	- 14 × 27,40m
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PRESTON ST., BALTIMORE, MD.	3 = 3 = J		18 CAUSE OF DEA	VAS CAUSED	one couse per line			,		andi.	1	0000			PROXIMATE INTERVAL VEEN ONSET AND DEATH
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N	R. THIS CERTIFICATE SHOUL TE, WRITING THE WORD." REWARDED TO THE CHIEF R. PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF H D, 21201 PRIOR TO BURIAL	Ē	21a EXTERNAL CA	USE WAS	21b TIME O	FINIURY		121c HC	OW INJURY O	CCUPRED	ENTER NATURE	DE INTURY IN ITE	M IR PART LORS		res NO X
Ö	SAFE FEE		UNDERLYING -	OR	HOUR A.A	A. MONTH	DAY YEAR	1	>	CCORRED	LIVIER IVATORE	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AL TOT ALL TOX	-A(1 s)	
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N N	ARITINARIE OF 3 CERT OF 201 P	ME	WHILE NO	T WHILE		TORY, FARM, E			TREET		CITY O	RTOWN		OUNTY	STATE
Friends.	WARE WARE PAGE 2120		AT WORK AT	WORK						1	7	100			
	EXAMINER: THI CERTIFICATE, W OLD BE FORWA L DIRECTOR: PA(I, WITH THE STA MARYLAND, 215	00	220. I certify tho	t I took charge	of the remains de	scribed obo	ve, held on	Autop	sy 🔲 . Ir	nspection	, Inqu	uiry 2.	ond in my	opinion	
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE (WARYLAND)		death resulted fro	m: Naturo	I causes	Accident	L., Sui	cide 🔲	, Homicide		Undetermine	d manner		O	7/ -1
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: I AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	23- P	(TYPE OR PRINT)	PEMOVAL 122	DATE	0 0			ADDRESS -	y 13	23d. LOCATIO	N .	-		
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	(AV MISHER (A))	MA	3. 11. 101	OKTON	20172	7.10	7-00	-		WID Z	N. S.	13700			· ·



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	2 2 2 2 2 E	(TYP	E OR PRINT)	WALTE	R		Н.	RI	EICH	727	OF	ESTI- MATED	_ 4	14	1986	
X	RECTOR. RETIES. HOURS	3. SEX		RACE	5. DATE OF B	BIRTH	YEAR LAST BIRTH		NDER TYR. IF UND		RONOUN	ICED	MONTH	DAY	YEAR	2d HOUR
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1	AN ELECTRICAL SERVICES	FO	RTHPLACE (STAT		76. CITIZEN			8 MARR	IED XNEVER MAR	RIED [Y OR COUN			1
	AND WASHINGTON		ARYLANI			U.S.		WIDOV			Ba	ltim	ore Co	unty	J OF BU	MD.
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9	A N N N A		THER'S NAME	<u> </u>	MIDDLE	,	222)		IS. MOTHER'S MAI				011 111	13110	11 KU	
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PALTIMOPE	PAGE SORM SONO		VAS DECEASED I	EVER IN U.S. AR.	MED FORCES?		b. SOCIAL SECURI		17. INFORMANT		6.25	ADDRE	ESS		-	
	S AFTE GIVE P ITH FC PAGES IVISION		YES	W.W	war or dates)	2	218-09-3	3769	MARIE K	. REI	CH17	62 1	WEST	N A	VE. 2	21234
	5 83 ≥ 1.0		18 CAUSE OF I	DEATH (Enter on TH WAS CAUSE	ly one couse po D BY:		(a), (b), and (c).)	-						BETV	PPROXIMATE	TAND DEATH
TO NOT SHARE	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		8750	IMMEDIA	TE CAUSE (a)_		tiple Inju							-		
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96	PEND BE WED BE WED BE WED BE WED AS, I CRE	MEDICAL CERTIFICATION	190 DATE OF O	PERATION	19b. CC	MOITIDNC	FOR WHICH OPE	RATION W	AS PERFORMED?					20 A	AUTOPSY:	?
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Č	A THE WEN	CE	210 EXTERNAL UNDERLYING			ME OF INJ	URY ONTH DAY YEA	R 21c H	OW INJURY OCCUR	RED (ENTERN	ATURE OF INJ	JURY IN ITEM	18 PART 1 OR I	'ART 2)		
S	SHORT	OICAI		CAUSE OF		P.M.	8/14/ 19 8		iver of auto	/fixed	objec	t impa	act			
2	ARDED ARDED ARDED ARE DEI	ME	WHILE -	NOT WHILE XD		ET, FACTORY,	FARM, ETC.)		STREET	ika Mau	CITY OR TOV			Dale	o Md	STATE
	F. 39 F. 2			AT WORK		road			t ramp of Wh			va to			.O. Mu	•
	20 5-4		death resulted	1.11	ge of the remoi	ns describe	ed above in 1d an	Autop vicide X	Sy XX, Inspect		Inquiry rmined ma	ш. _Г	and in my o	pinion		
	EXAMINO GERTIFICATION OF WITH WARYL	3	dedili resulted	///	17	12	66	uicide L	TITLE (SPECIFY)	Undere	rminea ma	inner _	١.			
	AL PER E		ACTUAL SIGNATURE_	Mel	LF		010	N	.o. Assista	nt MEDI	CAL EXAM	INER	DATE	ED 8-	-14-8	36
	TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	9	EXAMINER'S N	AME m		D /V	leas M. F							5		
	EXECU PAGE PAGE AFTER BALTIV	22 - 51	EXAMINER'S NA (TYPE OR PRINT JRIAL, CREMATIC			P./ NO	okes, M.D			Penn	St.,	Bal.	to., 1	MD 2.	1201	
				AN KENNEYVALL			I/II NAME OF CE	WILLIAM (THE LIKE AND LIKE		ALICIN					
07:0	2511	(5	PECIFY)			186				CITY O	RTOWN	TMO	RE N	IARV	T.A NI	ATE
07/B 25M	2511	24 FU	CREMAT:	ION A	UG.18,		GREEN	MOUI	T CEMET	CITY O	BALT		RE, N			Ď



DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Ruck Towson Fune-al Home, Inc. Towson, Md. 21204

8-15-86

Moreland Mem. Park

Baltimore, Maryland

22c. DATE SIGNED

COUNTY

STATE

2h HOUR

126 KIND OF BUSINESS OR

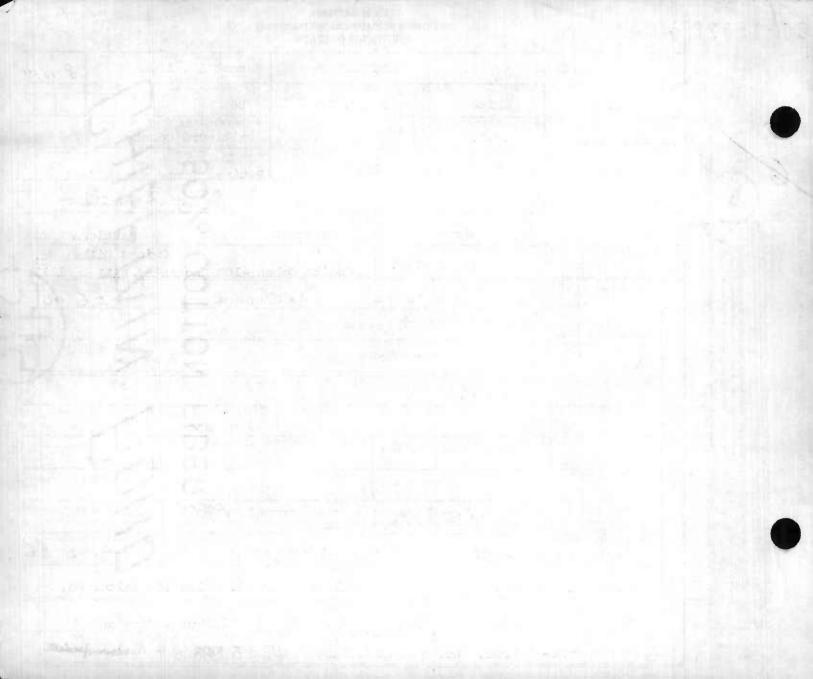
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Medical

Hartigan

IF UNDER I YEAR

INDUSTRY



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7		L	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE 5 2	9/0
10:1	0000	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
0-1	6909		DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9	o to	(1	BENJAMIN	CURTIS	ROBBINS	8 3	1 86 7:45A
YOF	pog p. de	3. 5	SEX .	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4	of to		Male	White	5 1 1900	61	MONTHS DAYS HOURS MIN.
. 60	direction of the contraction of	70	BIRTHPLACE (SLATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
#	1 S 3 T	A	COUNTRY)		MARRIED NEVER MARRIED	The same of the sa	
e e	THE CENT	10	Virginia CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED IS HOME OR OTHER INSTITUTION	Baltimore Count	126. KIND OF BUSINESS OR
fer	2102/			LIF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
201 ors o	P = 15 -	1	Randallstown	Chapel Hill Nur	sing Home	Sales Engineer	Gulf Oil
0 2 1 1 ho	25 26	13	STATE 136 COUP	VITY 134 CITY OR TOW	N 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	E Md. 21133
AN D	1 P	2		timore Randall	stown YES \ NO \	112 Sheraton Rd.	Randallstown
RYL ##	E 27 E	14	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
MA Med	E ()	-	George Ba	rnum Robbins	Sarah	Virginia	Mitchel
ORE,	dicol	160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
₩ e e	Pog a		(YES, NO OR UNKNOWN) IF YES, GIV	217-03-5	200 Betty Lee Se	iland Same as 1	3e.
ALT	pers of.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. B	phy n po n novent			ED BY: TE CAUSE (0)	fallucarea		inter.
SZ SS	or re			DUE TO, OR AS A CONSEQU	ENICE OFO A		
STO	tten ve co		Conditions, if any, which	(ib)	Chr. brown	Putis	St 4/21'
PR he d	emo mat		gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSTOUR	h. A.		
3. 10	by to see it, cree othe		underlying couse lost.	DUE TO, OR AS A CONSEQUE	(0/1)		
201 es †	ple urio		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
ZDS,	Then to b	Z		kellal lusu	Hirence -		
Ö 3	beer mit.	CEPTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED
L RE	n bes						FYING CAUSES OF DEATH?
AT!	ysicio cote ronsit Hygie 8 sho	= 2	21g. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED, (ENTER NATURE OF INJURY IN ITEM 18	
OF V	phy	7	OD CONTRIBUTION TO CALLET OF OF		AY YEAR		
NO YSIG	nding his ce burid Men or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.	21f LOCATION		
DIVISION NG PHYSI	the the ond	A A	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
a ON	Afte e os sith onark	-	AT WORK AT WORK	<u> </u>	11 5-1 10 86	8 = 31	51
Z	OR. Trus Hee		saw the deceased alive an	ital) attended the deceased from	\$1	death occurred on the date and had	ur and from the course stated
A A	ospi ed fo		obove, (I) (we) (did (did no	ot) view the body ofter death.	DEGREE		22c DATE SIGNED
ő	Dep Dep		THE SIGNATURE OF	· 0 /12 - ()	CA ATTENDING	MEDICAL _ STAFF	G. J. CA
IAI	by the ERAL Store	1	22d. PHYSICIAN'S NAME (TYPE	KIMAX	PHYSICIAN [DIRECTOR PHYSICIAN	11186
OS	FUNERAL uld be def						
i O	retained by 1 TO FUNERAL should be de with the State		PANIEL			rtown Rd. Balto.	Md.
1	4 / 3 /	23	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP		Burial	9/3/86 M	ount Holly Cemeter,	y Onancock Vi	rainia
DH	IMH - 16 60M 7/B4	24	FUNERAL DIRECTOR 1630 Edi	nondson Ave. Catonsu	ille, Md. 21228 250. DAT	E REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
	(VRA 15, 4)	Le	croy M. & Russel	l C. Witzke Fune	ral Home SFF	3 1986	4

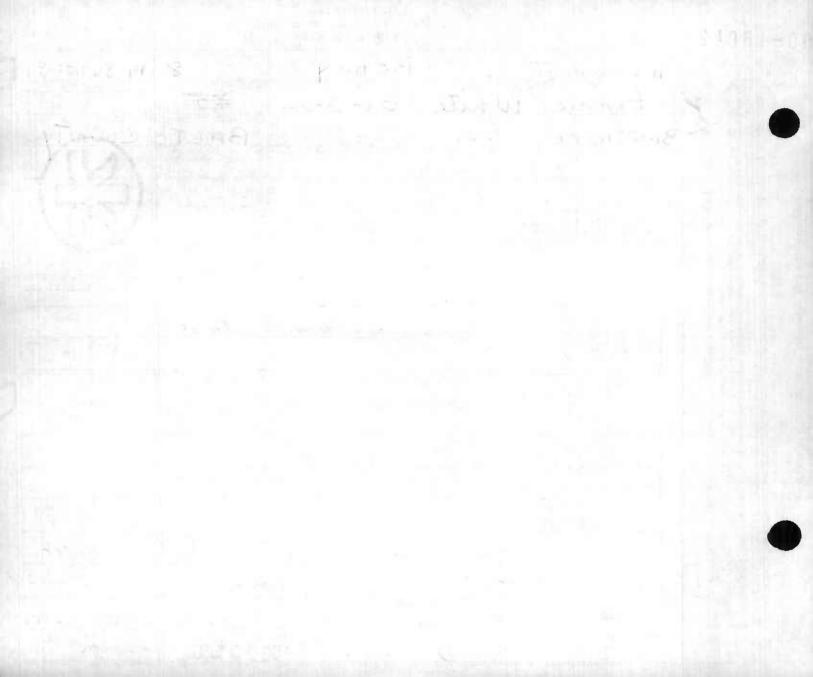
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Henss Funeral Home. Balto. Md.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

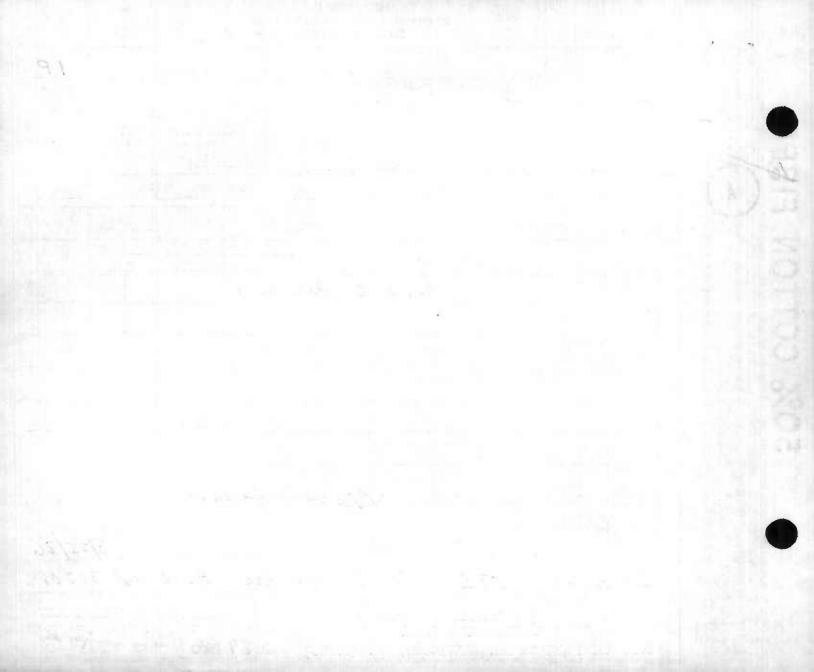


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15087		REGISTRAR						REG. NO			17
n e		CEASED NAME	Janet Janet	MIDDLE		Roob	20.	DATE OF DEATH	0 1.		2b. HOUR
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.0	3. 58	~	4 RACE		5. DATE OF		YEAR	AGE (IN YEARS LAST BIRTI	MON	INGER I YEAR	HOURS MIN.
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MI	70 B	RTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8.	yéver marr	9 B	BALTIMORE CITY OF	COUNTY OF	DEATH	
14	-	air Drie	U	SA	WIDOWED			Salta C	tuno	ter	MD
(2)	10 C	ITY OR TOWN OF DEATH	H 11. NAME OF	HOSPITAL, NURSIN				USUAL OCCUPATION			BUSINESS OR
760	-	Towson?	M Sta	LL Q ME STREET	ADDRESS)	Hospi	Land of the	Housewi	fe		memakin
200	UsU	AL RESIDENCE (IF NURSING	SHOME OF OTHER INSTITUTIO	N GIVE RESIDENCE BEFOR	E AOMISSION)						
10			Baltimore	Monkto		34. INSIDE CITY LI	IMITS? 13e	936 Stans	ZIP CODE	4;11 R	nad 21111
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31	7	FIRST	MIODLE	C 1		Vera		MIDDLE		Wh	ito
21		Rollin WAS DECEASED EVER IN	Marvin	Schwar 1166. SOCIAL SECT		7. INFORMANT	a	ADDRES	c	44 111	100
3/1		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)				ahaal I			dan r	Таммоос
2		No		272-05-				B. Roob		_	
1 1		18 CAUSE OF DEATH	(Enter anly ane cause po S CAUSED BY:	er line far (a), (b), or				aryland 2	1 - 4		NATE INTERVAL
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fion dom		Canditions, if ony, v				V					
-		gave rise to immer cause (a), stoting		OR AS A CONSEQU	ENCE OF					1	
to.		underlying cause	last.						- 199		
o di		PART 2 OTHER SIGN	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO T	THE TERMINA	L DISEASE OR COND	ITION GIVEN	IN PART IIa	
1	8	120	essile	vo tic	mul	tiple	Ine	10 lomo	Su	nce	4/82
\$77	13	190 DATE OF OPERATIO	ON 196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	0	na AUTOPSY?	20b. IF YES, W		
8	Ě	100 P. CO.	Second Trans				V	ES TI NON	IN CERTIFYIN	T CAUSES	NO
20/1	8	210 ACCIDENT WAS UNDER		OF INJURY		21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	_	OR PART 2)	
1	1	OR CONTRIBUTING CAL	OSE OF BEATH	A.M. MONTH D P.M.	AY YEAR						
1	MEDIC	21d INJURY OCCURRE	D 21e. PLACI	OF INJURY		III LOCATION	1000				
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- Day	100	AT WORK	h harain bankandad	h	- 1	PV.	87	8-	1/)	260	0
1		saw the deceased	his hospital) ottended t	10 10	800 000	hat in (my) (aux)	anunon den	h occurred on the da	, 19_	0-16.11	hat (II) (we) last
2.2		above, (I) (we) (die	H (did not) view the bad	y after death.	26	>	, aprillott deat	- Occurred on the da	re and nour or		
2		22b. SIGNATURE		~		GREE	ADING N	AEDICAL STAF		22c. DATE S	
5	1	Talet	They were	Sug	ms	, , , , , ,	ICIAN X D	NEDICAL STAF	AN	8-1	10-86
1		22d PHYSICIAN'S NAN	E (TYPE OR P INT)			22e ADDRESS					
NPORT		RHH	lumph	Fey		2300 Du	ulaney	Valley Re	pad, 2	21204	
5.1		BURIAL, CREMATION, RE		230.	NAME OF CEA	NETERY OR CREM	AATORY	23d LOCATION			
9		Frial	8-12	2-86 CH	nestnut	Grove	Cem.	Sweet A	Air B	alto.	Md.
OM 7/B4	74. F		Clarit		701 - 141			C'D. BY REGISTRAR	Sh REGISTRAF		
15, 4)		Bryan W.	Clary 10 1	W. Padon	ia Rd.	21093	ALIB	1 2 1086	ulia Dav	idon-18	andelli.

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STATE OF MARYLAND



00-15442	FOR STATE REGIST	RAR			DEPARTA	MENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HY	GIENE 6	REG. NO.	1	7 8	č.
	I. DECEASED	NAME	FIRST		MIDDLE		AST		2a. DATE OF			DAY YEAR	2b. HOUR
be age 3 death	(THE OR PRINT)	J	ohn		F. RO	SS			August		13	1986	3.02 m
Ther d	3. SEX			4 RACE		5. DATE C		VEAD	6. AGE (INYEA		DAY)	MONTHS DAYS	IF UNDER 24 HRS
ecto rs of	MALE	- 2		CAUCA	SIAN	Ingni)	23	12	73		YRS.	, and the same	Wild.
6 6 9 3V	To. BIRTHPLAC		OREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9. BALTIMOR	E CITY OR	COUNTY	OF DEATH	-115
	MARY		D.	USA		WIDOWE	D D	NORCED [Baltim	ore	Coun	tv	MD.
1100	10. CITY OR TO		TH	11. NAME OF	HOSPITAL, NURSING STREET	IG HOME C	OR OTHER INS	STITUTION	112a USUAL O	CCUPATIO	N	12h KIND	OF BUSINESS OR
5 / 10/	ROSSV				KLIN STEEL		HOSE	TALL	"LABO	KEK		INDUSTRY	EEL
The state of the s	MARYL		BALT	OTHER INSTITUTION	134. CITY OR LOW ROSEDA	ADMISSION)	13d INSIDE	CITY LIMITS?	130 STREET A	DDRESS SUM	ZIP CODE	AVE.	21237
MARY CONTROL OF THE PROPERTY O	14 FATHER'S I	VRAD		MIDDLE	last RO	SS	15. MOTHER	WILHE	ME	WIDDLE			SCHNEIDE
iMORE.	160 WAS DEC	EASED EVER		MED FORCES? E WAR OR DATES)	2120575		17. INFORM	ABETH	ROSS	ADDRES 1029		TER A	VE.
that the death certicol that the death certicol day the attending physical centermore contampage (et certains) at remove or other traumants events.	Condit gove cause underl	ions, if any, rise to imn (a), statin ying couse	which nediate g the last.	DUE TO, C	r line for (o), (b), on Cardiopul DR AS A CONSEQUE Sepsis DR AS A CONSEQUE Perforate	NCE OF	igmoid	Colon					XIMATE INTERVAL HOMSET AND DEATH
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I OF VI	OR CON	RIBUTING (CER, NOTIFY MEDI	AUSE OF DEA) P	.M. MONTH DA	YEAR		NJURY OCCUR	RED (ENTERNATE	URE OF INJURY	IN ITEM 18 F	PART I OR PART 7)	
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ATTENDI ospitol or ECTOR: A d for use it, of Heal	obi	ve, () (we) ((this hospi ed olive on lid) (die no	tol) attended to AUGU View the bady	ne deceased from		nd that in (p)	(our) opinion		on the dot	13 e and hou		e couses stated
TO HOSPITAL OR retained by the h	25	MATURE SICIANS NA	ME THE O	Ross		m	22e. ADDRE		MEDICAL DIRECTOR [STAFF PHYSICIA	AN D	Drive	3/86
of of with Man	23a. BURIAL, C			T23b, DATE	[23c N	IAME OF C		CREMATORY	23d LOCAT		С	DITVE	
ВР	BUR 24 FUNERAL	IAL	A	08/1			HILL	S	CITY O	TTO.		COUNTY	STATE
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2	1				STAT	E OF MARYLAND				
-16089	L	FOR - STATE REGISTRAR			CERTIF	ICATE OF DEATH	REC	2 3. NO.	198	6
4 m.£		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEAT		DAY YEAR 26 HOUR	{ }
poge r deat				TIEGLER		JDOLPH	6 AGE (IN YEARS LAS	-	9-86 [1:00/	A M
offe.	3. SE	x Female	4. RACE Whit	te	5. DATE C			_	MONTHS DAYS HOURS	MIN.
death. Page	To. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED				MD.
_ ofe	1	ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET	ADDRESS]	STREET	12a USUAL OCCUP (TYPE OF WORK FOR MC Housewi	PATION OST OF WORKING LIFE	126. KIND OF BUSINES	SS OR
MARYLAND 2120 ed within 24 hours ompletely filled ITE and 2 should ITE execution with	USU 13a	AL RESIDENCE (IF NURSING HON STATE 136 C	AE OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS YES NO [X]		SS / ZIP CODE		
TLA thin thin thin her		ATHER'S NAME				15. MOTHER'S MAIDEN	NAME			
AARYLA d within d within d within and 2 sh		Sylvester	WIDDLE	Stiegle	r	Joseph	nine	i.E	Janda	
		WAS DECEASED EVER IN U.S		166 SOCIAL SECU		17 INFORMANT		DDRESS	20912	
BALTIMORE, cote be executed by spicion and copers. Pages I vol. 14, the medical		YES, NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)	214-74-46	567	Ellen R. Ma	arsh 7405 Ma	aple Ave	. Takoma Par	rk
PRESTON ST., BA he death certificate e attending physic emove carbonople mation, arremonople retroumatic event, t		Canditions, if any, which	DUE TO, (PRESUMNI OR AS A CONSEQUE OLD PUL	-D PU	MONARY EMBO Y EMBOLI	DLI		APPROXIMATE INTERVENT ONSET AND CONTROL OF THE STATE OF T	
W of the		gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, C	OR AS A CONSEQUE		NOT RELATED TO THE T	ERMINAL DISEASE OR C	CONDITION GIVI	EN IN PART 1(a	
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ISION PHY Tending The bund M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE TO NOT WHILE TO NOT WORK	21e PLACE (AT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CIIAC	OR TOWN	COUNTY SI	TATE
TTENDI pital or TOR: A for use of Heal		22a.1 certify that (I) (this h saw the deceased alw above, (I) (we) (did) (di	e an I I I I I I I	0/ 17 19 1	36 ² / ₃	, 19 nd that in (my) <u>(aur)</u> apin	to 8/	9 ne date and havi	19, that (I) (w and from the causes sta	
At OR A the hos At DIREC detached ote Dept.		226. SIGNATURE	u Ok	ai		DEGREE ATTENDING PHYSICIAN		STAFF YSICIAN	22¢ DATE SIGNED	
TO HOSPITAL retained by the TO FUNERAL should be der with the State IMPORTANT.		226 PHYSICIAD SNAME (1	YPE OR PRINT)			22e ADDRESS		-ATT	N = SIELL	
MPO FU		S. AKAL, M.I					N. CHARLES	ST.		
	23a	BURIAL, CREMATION, REMO				EMETERY OR CREMATO	CITY OR TOW		COUNTY ST	TATE
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DHMH - 16 60M 7/B4		UNERAL DIRECTOR		ADDRESS		250.	AUG 25 1986	KARIZSB. REGISTE	RAR'S SIGNATURE	in a
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 CI	TY OR TOWN OF DEATH		E OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
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BALTIMORE, MARYLAND 2120	24 b	3a. S	ryland Ba	COUNTY	e Dundal		13d INSIDE CITY LIMITS?	1899 Augus	st Ave. 2	21222
Y Y		-	THER'S NAME	(1,01,111,01	Dandal	22	15. MOTHER'S MAIDEN NA		O AVE. Z	-1222
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ECO	1 1110	CATI	190 DATE OF OPERATION	19b C	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY? 20	DE IF YES, WERE FIND	INGS USED
3	25 24 5/	II.						YES NO	YES 🗌	NO [
1	7 5 5 5 5 5	CERT	210. ACCIDENT WAS UNDERLYIN		IME OF INJURY	VE AD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	1
6	State of the state	ICAL	OR CONTRIBUTING CAUSE	OFDEATH	UR A.M. MONTH DA	AY YEAR	E Service Control			
Z O	S 4 2 2 4 7	50	21d INJURY OCCURRED	21e P	LACE OF INJURY		21f. LOCATION			
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	No Series		22a.1 certify that (1) (this saw the deceased ali	ve and	10 16	BUD	nd that in (my) (our) opinion	death occurred on the oute	and hour and from th	
	2 5 5 5 E		abave, (1) (we) (did) (d nat New the	body after death.	-		dedin decorred diritie date	she noor and from in	to cooses stated
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	5 + + 2 1 3 1	23a. B	URIAL, CREMATION, REM	OVAL 73b DA	TE 23c. 1		EMETERY OR CREMATORY	23d LOCATION	-	
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		24. FU	INERAL DIRECTOR			- ~011	25a. DAT	E REC'D. BY REGISTRAR 25h	REGISTRAR'S SIGN	ATURE
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